

## UNDERCARE REASON CODES

Reason Code	Paragraph Number	Definition	Case Type	Notice Indicator
-------------	------------------	------------	-----------	------------------

### MAGI

UU3	U0264	MA to FPBP due to excess income, # ** Reason code can only be used at the individual level when case count is >1	20	T
*UU6	U0281	FPBP to MA, due to income below MAGI inc limit, # * Reason code can only be used at the individual level when case count is >1	20	T

### MA 60 day Post-Partum to FPBP – 1<sup>st</sup> 12 month block of 24 month extension

Authorization date = 12 months from authorization from date or end of CSD (shorter one) if being used at the individual level

Categorical code = 68 or 69 and Coverage code = 18

AFA = 915 End of 1<sup>st</sup> mo block of PP FPBP

MA Coverage dates = 12 months

UU4	U0282	MA to FPBP (24mo ext.), 60 days post-partum, MA ineligible due to excess income, # ** Reason code can only be used at the individual level when case count is >1	20	A
-----	-------	---	----	---

### Determination for individual in Presumptive Eligibility period

*D09	U0224	Pregnant woman in PE period to MA eligible at or below 223% FPL, # ** TT = 05 or 06 only	20	A
D12	U0232	Individual in FPBP PE period to FPBP eligible, # (Case Type 21 to 20) ** TT = 05 or 06 only	21	A
D14	C0329	Individual in FPBP PE period to denied for ongoing FPBP coverage due to income exceeds 223% FPL, # ** TT = 05 or 06 only and; Authorization to date remains the same and Coverage to date = transaction date (PE FPBP coverage will be ended, but the authorization to date will stay open for a total of 12 months)	21	A
D15	C0327/ C0328	Individual in FPBP PE period to denied for ongoing FPBP coverage due failed to provide verification of factors which affect eligibility, did not state unable to get information ** TT = 05 or 06 only and; Authorization to date remains the same and Coverage to date = transaction date (PE FPBP coverage will be ended, but the authorization to date will stay open for a total of 12 months)	21	A
*D30	C0326	Pregnant woman in PE period to denied for ongoing MA coverage due to income exceeds 223% FPL, # ** TT = 05 or 06 Individual level only ** TT = 07 or 08 case level or individual level if case count is >1	20	T

\* = No fill code

Rev. 1/11/2023

# = Stored budget required

Note: Discontinuance reason codes can be used at the individual level along with these undercare reason codes, unless specified, with a case level reason code of I89 and individual status of "15" (see "Discontinuance" code cards for all available closing codes).

## UNDERCARE REASON CODES

Reason Code	Paragraph Number	Definition	Case Type	Notice Indicator
-------------	------------------	------------	-----------	------------------

### **Other – Referred to LDSS from New York State of Health – Application**

TT1	S0034	Information letter with Access NY application (DOH-4220) - referred to LDSS by NYSoH Marketplace (Application) <b><u>Informational notice – CNS only transaction (No WMS entry allowed)</u></b> Transaction type = 00 and reason code can only be used at the case level **Remember to “Authorize and Release” Notice ID (WMS/Client notices sub-system menu selection “07”)	20	
-----	-------	---	----	--

### **Medicaid (MA)**

#### **From limited coverage / MA with a spenddown to full MA coverage**

*E23	X0123	MA with a spenddown to full MA with no spenddown due to income below income limit, child under 19, #	20	A
*S11	U0008	Increase MA perinatal limited coverage to full MA coverage for all medical care and services during pregnancy or 60day post-partum, due to income below the MA income limit for, #	20	A
S28	X0018	MA with a spenddown to full MA with no spenddown due to income and resources are below the income and resource limit, #	20	T

#### **Continue/reduce coverage with spenddown – Excess income and/or Resources**

S07	X0025	Medicaid Level to Excess Income Due to COLA Increase, #	20	T
S08	X0026	Continue MA with a spenddown due to excess income, spenddown amount is higher than previous spenddown amount due to COLA, #	20	T
S10	X0011	Continue MA with a spenddown due to excess income, spenddown amount remains the same as previous spenddown amount even though there was a change in figures to calculate excess, #	20	T
S29	U0070	Continue MA with a spenddown unchanged with no LTC. Requested increase MA coverage with LTC, but determined home equity exceeds limit and undue hardship do not exist, 6-month excess income and resource spenddown met, #	20	A
U75	X0021	Continue MA with a spenddown due to excess income, spenddown amount remains the same as previous spenddown amount, #	20	A
X74	X0019	Continue MA with a spenddown due to excess resources, 65 or older, spenddown met, #	20	A
X75	X0020	Continue MA with a spenddown due to excess income, spenddown amount is higher than previous spenddown amount, #	20	A
X76	X0126	Continue MA with a spenddown due to excess income, spenddown amount is lower than previous spenddown amount, #	20	A

\* = No fill code

Rev. 1/11/2023

# = Stored budget required

Note: Discontinuance reason codes can be used at the individual level along with these undercare reason codes, unless specified, with a case level reason code of I89 and individual status of “15” (see “Discontinuance” code cards for all available closing codes).

## UNDERCARE REASON CODES

Reason Code	Paragraph Number	Definition	Case Type	Notice Indicator
X77	X0180	Continue MA with a spenddown due to excess income, spenddown amount is lower than previous spenddown amount due to COLA increase MA deductible, #	20	A
X80	X0208	Medicaid to Spenddown Due to Excess Income, #	20	T
711	X0108	Continue MA with a spenddown due to excess income, spenddown amount is higher than previous spenddown amount due to COLA, # (System generated version of S08 code)	20	

### Refugee Medical Assistance (RMA) with a Spenddown to:

*C47	X0082	RMA with a spenddown to MA due to end of initial eligibility for the RMA program and MA eligible due to income below the MA standard, S/CC, #	20	A
*C49	U0188	RMA with a spenddown to FPBP due to end of initial eligibility for the RMA program, S/CC, #	20	A

### MA - Other

*C06	U0009	Add person(s) to MA case (Can only be used with other no fill codes at the individual level)	20	A
------	-------	---	----	---

## Medicaid Buy-in For Working People With Disabilities (MBI-WPD)

### MA to MBI-WPD

U50	U0127	MA to MBI-WPD due to client request and determined that individual meets the MBI-WPD requirements, #	20	A
U53	X0222	MA with a spenddown to MBI-WPD due to income and resources are at or below the MBI-WPD income and resource limit, #	20	A

### MBI-WPD to MA with or without a spenddown

U11	U0002	MBI-WPD to MA with a spenddown, turning 65, MA ineligible due to over income, spenddown not met, #	20	T
U12	X0226	MBI-WPD to MA with a spenddown due income over MBI-WPD income limit, MA ineligible due to over MA income limit, spenddown not met, #	20	T
U17	U0215	MBI-WPD to MA due to no longer working and income is below the MA income limit or working and income is below the MA income limit, #	20	T
U29	U0003	MBI-WPD to MA Exc Inc SD Not Met No Longer Working, #	20	T
U30	U0154	MBI-WPD to MA Exc Inc Non-Financial Reasons, SD Not Met, #	20	T

\* = No fill code

Rev. 1/11/2023

# = Stored budget required

Note: Discontinuance reason codes can be used at the individual level along with these undercare reason codes, unless specified, with a case level reason code of I89 and individual status of "15" (see "Discontinuance" code cards for all available closing codes).

## UNDERCARE REASON CODES

Reason Code	Paragraph Number	Definition	Case Type	Notice Indicator
-------------	------------------	------------	-----------	------------------

### Continue MBI-WPD under the Medical Improvement Group

U05	U0124	Continue MA under the MBI-WPD Medical Improvement Group and not the MBI-WPD Basic group due to have shown medical improvement but continue to have a severe medically determinable impairment(s), #	20	T
-----	-------	---	----	---

### Family Planning Benefit Program (FPBP)

#### FPBP – Other

*C12	U0156	Add FPBP person(s) to MA case (Can only be used with other no fill codes at the individual level)	20	A
*C15	U0059	Continue FPBP unchanged	20	A
*C20	U0157	Add person(s) to FPBP case (Can only be used with other no fill codes at the individual level)	20	A

### Family Planning Extension Program (FPEP)

Any woman who was pregnant while on Medicaid for any portion of her pregnancy and is in the last day of the month of her 60<sup>th</sup> day post-partum is eligible to receive 24 months of Family Planning only coverage in blocks of 12months or straight 24months.

#### MA 60day Post-partum to FPEP – 24month extension

See “Discontinuance” CNS code cards for rules on how to use code on a TT 07 or 08.

On a TT 05 or 06 the code can only be used at the individual level

Authorization from date = current authorization to date + 1 day and Authorization to date = end of shortest CSD or 12mo

Categorical code = 68 or 69, Individual status = 15 and Coverage code = 27

Coverage from date = authorization from date and Coverage to date = 24mo from authorization from date (end of month)

*D61	C0332	MA to FPEP, 60 days post-partum, non-Immigrant/undocumented Immigrant	20	A
D64	C0335	MA to FPEP, 60 days post-partum, failed to provide documentation	20	A
*D65	C0336	MA to FPEP, 60 days post-partum, failed to return renewal	20	A

#### FPBP to FPEP – 2nd 12 mo. block of 24month extension

See “Discontinuance” CNS code cards for rules on how to use code on a TT 07 or 08.

On a TT 05 or 06 the code can only be used at the individual level

Authorization from date = current authorization to date + 1 day and Authorization to date = end of shortest CSD or 12mo

Categorical code = 68 or 69, Individual status = 15 and Coverage code = 27

Coverage from date = authorization from date and Coverage to date = 12mo from authorization from date (end of month)

D67	U0234	FPBP to FPEP due to failure to provide documentation	20	A
*D68	U0235	FPBP to FPEP due to failure to return renewal form	20	A

\* = No fill code

# = Stored budget required

Note: Discontinuance reason codes can be used at the individual level along with these undercare reason codes, unless specified, with a case level reason code of I89 and individual status of “15” (see “Discontinuance” code cards for all available closing codes).

## UNDERCARE REASON CODES

Reason Code	Paragraph Number	Definition	Case Type	Notice Indicator
-------------	------------------	------------	-----------	------------------

### Incarceration

#### Suspend coverage – Incarcerated individual

*C34	U0301	Suspend MA, Treat Inpatient Emergency Medical Conditions, PC	20	T
*C55	U0173	Suspend MA coverage due to individual is now an inmate of NYS or local correctional facility, with A/C (Upstate) <b>(SINGLE INDIVIDUAL)</b>	20	T
*CC8	U0256	Continue suspension at release from a NYS or Local Correctional Facility to a Psychiatric Center	20	A
*XX4	U0283	Suspend MA Coverage for Treatment of Inpatient Emergency Medical Conditions, Inmate of Correctional Facility	20	T
*XX8	U0294	Suspend FPBP Coverage for Inmate of NYS Correctional Facility	20	T

#### Reopen / Reinstate – Individual not or no longer incarcerated

*C36	U0302	Reinstate MA to Treat Emergency Med Condition, PC Discharge	20	T
*C56	U0176	Reopening MA – case closed as incarcerated in error (Upstate)	20	A
*C66	U0175	Reinstate – FHP to MA, incarcerated individual released (Upstate)	20	T
*C67	C0178	Reinstate MA, incarcerated individual released (Upstate)	20	T
*C68	U0184	Reinstate FPBP, incarcerated individual released (Upstate)	20	T
*XX6	U0289	Reinstate MA Coverage for Treatment of Emergency Medical Conditions, Individual Released from a Correctional Facility	20	T

#### Pre-Release – Individual within 30 days of Release

*C46	U0295	Pre-Release Notice – Upstate (30 Days Prior to Release)	20	A
------	-------	---	----	---

### Psychiatric Center

#### Suspend – Individual admitted to Psychiatric Center

*C54	U0205	Suspend MA 21–64-year-old admitted to a Psychiatric Center (Upstate)	20	T
*C97	U0217	Continue to suspend MA/FPBP coverage – individual 21-64 years old and is being discharged from a psychiatric center to a New York State or local correctional facility	20	A

\* = No fill code

Rev. 1/11/2023

# = Stored budget required

Note: Discontinuance reason codes can be used at the individual level along with these undercare reason codes, unless specified, with a case level reason code of I89 and individual status of “15” (see “Discontinuance” code cards for all available closing codes).

## UNDERCARE REASON CODES

Reason Code	Paragraph Number	Definition	Case Type	Notice Indicator
-------------	------------------	------------	-----------	------------------

### Restore / Reinstate - Individual not or no longer in Psychiatric Center

*C52	U0206	Coverage Restored – individual suspended in error as a 21–64-year-old admitted to a Psychiatric Center (Upstate)	20	A
*C91	U0209	Reinstate – FHP to MA, individual discharged from Psychiatric Center (Upstate)	20	A
*C92	U0207	Reinstate FPBP, individual discharged from Psychiatric Center (Upstate)	20	A
*C93	U0210	Reinstate MA, individual discharged from Psychiatric Center (Upstate)	20	A

### Health Insurance

QI-1 = Qualified Individual Program / QMB = Qualified Medicare Beneficiaries  
 SLIMB = Specified Low Income Medicare Beneficiaries / AHIP = AIDS Health Insurance Program

### Continue / Change Premium payment for Health Insurance Program

*C08	U0006	COBRA - Continue paying for group health insurance premiums under the COBRA Continuation Coverage Program	20	A
*C09	U0007	QMB - Continue MA payment of Medicare premiums, deductibles and coinsurance	20	A
*C23	U0068	Continue Payment of Medicare Part B QI	20	A
*C32	U0117	Continue MA payment of health insurance premiums	20	A
S17	U0019	Change from SLIMB payment of Medicare Part B premium to QMB payment of Medicare Part A and B deductibles and co-insurance due to income at or below QMB limit, #	20	A
S21	U0077	Change from QMB to QI Coverage, #	20	T

### Community Coverage with/without Community Based Long Term Care (LTC)

### To / From Long Term Care (LTC) – Community Based / Managed Care

*C26	U0161	Community Coverage without LTC to Community Coverage with Community-Based LTC	20	A
*C27	U0162	Community Coverage with Community-Based LTC to All covered care and services, FP	20	A
*C33	U0076	All covered care and services to Community Coverage with Community-Based LTC, no longer receiving nursing facility services, no spenddown	20	T
*C60	U0072	Community Coverage without Community-Based LTC to All covered care and services, FP	20	A

\* = No fill code

Rev. 1/11/2023

# = Stored budget required

Note: Discontinuance reason codes can be used at the individual level along with these undercare reason codes, unless specified, with a case level reason code of I89 and individual status of "15" (see "Discontinuance" code cards for all available closing codes).

## UNDERCARE REASON CODES

Reason Code	Paragraph Number	Definition	Case Type	Notice Indicator
CC3	U0215	Notice of intent to change Medicaid - Individual no longer enrolled in a Managed LTC Plan, no longer entitled to a housing allowance, #	20	T
CC4	U0214	Notice of intent to change Medicaid coverage - All covered care and services to Community Coverage with Community-Based LTC, no longer receiving nursing facility services and is enrolled in a Managed LTC plan, #	20	T
*S12	U0121	All covered care and services to Community Coverage with Community-Based LTC, no longer receiving nursing facility services, excess income, spenddown not met, #	20	T
S86	U0160	Community Coverage with Community-Based LTC to Community Coverage without LTC due to failed to provide documentation of income and/or resources at renewal, no spenddown	20	T
S97	U0222	All covered care and services to Community Coverage with LTC due to failure to provide documentation of income and/or resources, no spenddown	20	T

### Other

#### Continue / Extend coverage

*C05	U0001	Continue MA unchanged	20	A
*C11	U0012	SSI Benefits discontinued - continue MA unchanged under the Stenson rule	20	A
*C13	U0005	Continue MA coverage for infant up to age 1	20	A
*C16	U0038	Continue/extend MA coverage for four months while determination is made for continuing eligibility with MA due to now excess income due to child or spousal support	20, 22	A
*C17	U0035	Continue/extend MA coverage for child(ren) birth to 19 years old	20	A
*C31	U0069	Continue MA unchanged with no LTC. Requested increase MA coverage with LTC, but determined home equity exceeds limit and undue hardship does not exist, no spenddown	20	A
*CC2	U0183	Continue/extend MA/FPBP unchanged pending decision/review of renewal (*Note: For Enrollment Center Use Only)	20	A
*E64	U0036	Continue MA coverage for child(ren) birth to 19 years old, moved out of district	20	A
S65	U0152	Continue MA unchanged, limited benefit package due to income and Resource documentation	20	A
S87	U0061	Continue MA unchanged with no LTC. Requested increase MA coverage with LTC, but due to attester or current documenter failed to verify income and/or resources request was denied	20	A

\* = No fill code

Rev. 1/11/2023

# = Stored budget required

Note: Discontinuance reason codes can be used at the individual level along with these undercare reason codes, unless specified, with a case level reason code of I89 and individual status of "15" (see "Discontinuance" code cards for all available closing codes).

## UNDERCARE REASON CODES

Reason Code	Paragraph Number	Definition	Case Type	Notice Indicator
*747	U0299	COVID-19 12-month Extension (System generated case level code – worker entered not allowed)	20	A

### Newborn / Unborn

920	N0003	Newborn added to case (System generated individual level code – 920/I98)	20	A
921	N0004	Unborn name conversion (System generated individual level code – 920/I96)	20	A

### Delete – Ineligible current living arrangement

*E85	U0060	Delete individual(s) from MA/FPBP case – individual moved out of household and no forwarding address provided	20	T
------	-------	---	----	---

### Transitional Medical Assistance (TMA)

*E08	U0030	MA to TMA due to income is over the Low-Income Family limit due to increased earnings, new employment or loss of earned income disregards	20	A
764	I0014	Combined PA/MA, MA to TMA due to income is over the Family Assistance income limit due to increased earnings, new employment or loss of earned income disregards (Upstate System generated Code)	20	
Y78		Beginning of TMA eligibility extension after PA ineligibility resulting from unemployment (Manual Notice Required)	20	N
Y79		Beginning of TMA eligibility extension after PA ineligibility resulting from loss of 30+1/3 (Manual Notice Required)	20	N

### Short-term Rehabilitative Care

S33	U0155	Approved MA coverage for short-term (< 30days) rehabilitative nursing home care, # (Undercare only)	20	A
S34	U0158	Denied MA coverage for short-term (< 30days) rehabilitative nursing home care due to already received one admission of short-term rehabilitative nursing home care within the past 12 months or for other reason. Current MA coverage remains unchanged. (Undercare only)	20	A

\* = No fill code

Rev. 1/11/2023

# = Stored budget required

Note: Discontinuance reason codes can be used at the individual level along with these undercare reason codes, unless specified, with a case level reason code of I89 and individual status of “15” (see “Discontinuance” code cards for all available closing codes).

## UNDERCARE REASON CODES

Reason Code	Paragraph Number	Definition	Case Type	Notice Indicator
-------------	------------------	------------	-----------	------------------

### Transfers/Leans

S02	U0010	Reduce institutionalized individual coverage from MA to limited coverage due to transfer of asset(s) for less than they were worth, #	20	A
S06	U0017	Intent to impose a lien on real property owned by institutionalized individual	20, 22	A
S09	X0036	Reduce institutionalized individual coverage from MA to limited coverage due to transfer of asset(s) for less than they were worth and excess income, #	20	T

### Used with individual reason codes

I89		Used as a case reason code in CNS and/or WMS when some or all case members have an individual reason code	20	T
-----	--	---	----	---

### Manual codes – Does not generate CNS Notice

Y77		Undercare case maintenance	20, 22	N
Y99		Other – Manual notice required	20, 22	N

### Pay-in – Excess income and/or Resources, credit, refund, met

S15	X0089	Pay-in credit toward future MA outpatient coverage due to uncovered medical expenses	20	T
S16	X0090	Pay-in refund due to uncovered medical expenses and the recipient already paid the excess income amount for the MA coverage period	20	T
T01	S0001	Spendedown met for outpatient and/or inpatient coverage with medical bills and/or receipts and credit is being applied toward future coverage or spenddown met with medical bills and/or receipts as well as excess payment from recipient	20	A
T02	S0002	Spendedown met for outpatient and/or inpatient coverage due to excess income liability payment from recipient	20	A

### Informational Letters

**These are CNS only transactions. Notices are created and released in CNS with no WMS transaction.  
00 is the transaction type used in CNS for these codes.**

I90		Used as the case level reason code in CNS when there is an informational Letter be sent at the individual level	20	
T06	S0007	Request for proof of correct Social Security number due to SSN failed Verification/validation (Active case)	20	

\* = No fill code

Rev. 1/11/2023

# = Stored budget required

Note: Discontinuance reason codes can be used at the individual level along with these undercare reason codes, unless specified, with a case level reason code of I89 and individual status of "15" (see "Discontinuance" code cards for all available closing codes).

## UNDERCARE REASON CODES

Reason Code	Paragraph Number	Definition	Case Type	Notice Indicator
T07	S0009	Request for proof of correct Social Security number due to SSN failed Verification/validation (Application)	20	
T11	S0011	Turning 65 and informing recipient that their coverage is changing from MBI-WPD to MA due to age ineligible for MBI-WPD, but eligible for MA due to income below MA income/resource limit	20	
T12	S0012	No longer working and informing recipient that their coverage is Changing from MBI-WPD to MA due to no longer meet the MBI-WPD requirements, but eligible for MA due to income below MA income/resource limit	20	
T14	S0035	Over 65, Request to Apply for Medicare	20	
TT1	S0034	Information letter with Access NY application (DOH-4220) - referred to LDSS by NYSH Marketplace (Application)	20	

\* = No fill code

Rev. 1/11/2023

# = Stored budget required

Note: Discontinuance reason codes can be used at the individual level along with these undercare reason codes, unless specified, with a case level reason code of I89 and individual status of "15" (see "Discontinuance" code cards for all available closing codes).