

Short-Doyle/Medi-Cal (SDMC) Claim Payment Advice (835)
Specialty Mental Health Services

CARC/RARC Changes

NOTES:

Update CORE code Combinations for CAQH CORE 360 CARC and RARCs:

9/8/2015 Version 3.2.0, published 06/01/2015.

6/8/2015 Version 3.1.3, published 11/01/2014.

12/8/2014 Version 3.1.1, published 07/01/2014; version 3.1.0, published 06/01/2014; version 3.0.4, published 02/01/2014; version 3.0.3, published 10/01/2013.

6/5/2014 Update based upon new SDMC Business Rule

Description	Revised Description (if applicable)	03/10/2014 and earlier	Updated 03/11/2014 unless otherwise indicated	Updated 06/05/2014 unless otherwise indicated	Updated 12/08/2014 unless otherwise indicated	Updated 06/08/2015 unless otherwise indicated	Updated 09/08/2015 unless otherwise indicated
		Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark	Group / Reason / Remark
ICD-10 Missing/incomplete/invalid diagnosis or condition							CO/16/M76
ICD-10 Missing/incomplete/invalid procedure code(s)							CO/16/M51
Service line is submitted with a \$0 Line Item Charge Amount.		-/-M54	-/-M54				
Therapeutic Behavioral Services valid only when beneficiary's age on Date of Service is less than or equal to 21 years.	Service restricted to EPSDT and client not eligible for EPSDT (over 21 years of age.)	CO/6/-	CO/96/N129				
Service line is a duplicate service.		CO/18/M80	CO/97/M86				
Service line is a duplicate and a repeat service procedure modifier is not present.		CO/18/M86	CO/97/M86				

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Other health coverage must be billed before the submission of this claim	Other health coverage must be billed before the submission of this claim - OHC	CO/22/-	CO/16/N479		CO/22/-		
Medicare must be billed prior to the submission of this claim.	Medicare must be billed prior to the submission of this claim – Medi-Medi.	CO/22/N192	CO/16/N479		CO/22/N479		
OHC = F, must be billed prior to the submission of this claim					CO/16/N479		
Healthy families partial month eligibility restriction, Date of Service must be greater than or equal to date of Date of Eligibility.		CO/26/- and CO/200/-	CO/26/N30				
Late claim denial.		CO/29/-	CO/29/N30		CO/29/-		
Aid code invalid for DMH.	Aid code invalid for Medi-Cal specialty mental health billing.	CO/31/-	CO/31/-				
Invalid revenue code, procedure code, and modifier combination.		CO/109/- and CO/199/-	CO/96/N216				
Invalid procedure code and modifier combination.		CO/109/M51	CO/96/N216				

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Service date cannot be later than submission date.		CO/110/N59	CO/110				
Single service exceeds maximum minutes per day.		CO/119/N20	CO/96/N362				
When added to previously billed services, this service exceeds total maximum allowed per day.		CO/119/N362	CO/96/M86				
Payment denied – prior processing information incorrect. Void/replacement error.		CO/129	CO/16/M47				
No discharge date permitted for interim claims.		CO/135	CO/119/M53		CO/16/N50		
All dates of service on claim must be within same calendar month, except discharge date can be 1st day of following month.		CO/151	CO/16/N63		CO/16/N61	CO/267/N74	
Invalid place of service for this procedure code.		CO/171/M77	CO/5/M77				

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Invalid place of service for this Service Facility Location NPI.		CO/171/M143	CO/16/N521				
Beneficiary not eligible.		CO/177	CO/177				
Only SED services are valid for Healthy Families aid code.		CO/185	CO/96/N216				
Therapeutic Behavioral Service valid only with a Full Scope Aid Code and an EPSDT Aid Code.	Services restricted to EPSDT clients valid only with a Full Scope, EPSDT-eligible Aid Code	CO/204	CO/96/N216				
Emergency Services Indicator must be "Y" or Pregnancy Indicator must be "Y" for this aid code.		CO/204/N30	CO/96/N216				
Pregnancy Indicator must be "Y" for this aid code.		CO/204/N182	CO/96/N216				
Professional claim (837P transaction type) denied, client aid code is restricted to inpatient mental health services				CO/204			

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Emergency Services Indicator must be "Y" for this aid code.		CO/204/N206	CO/204/N130				
Number of units billed exceeds the maximum days allowed.		CO/A1/M53	CO/16/N345				
Invalid date range for a 24-hour service.		CO/A1/MA31	CO/16/MA31				
All 24-hour services must have an admission date.		CO/A1/MA40	CO/16/MA40				
Outpatient: Invalid procedure code for FFS. Inpatient: Invalid revenue code for HFP-IP.		CO/A1/MA66	CO/170/N95				
Services overlap an inpatient stay (service may be billed only if rendered on date of admission or date of discharge).		CO/A1/MA133	CO/96/N20				CO/96/M80
Submitting county ineligible to use HFP-IP.		CO/A1/MA134	CO/B7/N570				
Service not payable with other service rendered on the same date.		CO/A1/N20	CO/96/N20				CO/96/M80

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Hospital Inpatient Admin Day-Lockout on Day of Admission.		CO/A1/N56	CO/16/M52				
Day Treatment Services must be billed at 3 hours minimum.		CO/A1/N182	CO/16/M53				
Rendering provider taxonomy code for this service line does not match taxonomy on record for this Service Facility location.		CO/A1/N198	CO/16/N521				
Rendering provider taxonomy for this service line is not permitted to bill as Fee-For-Service provider.		CO/A1/N198	CO/170/N95				
Only 24 hour services may bill using a date range. All other service lines must use a single date of service.		CO/A1/N300	CO/16/M59		CO/16/N301		
Incomplete/invalid Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payer).	COB Amounts provided on claim and/or service line are not balanced.	CO/A1/N480	CO/16/N480				

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Service Facility Location provider NPI is not eligible to provide this service within the submitting county.		CO/B7/-	CO/B7/N570				
Service Facility Location provider NPI is not eligible to provide this service.		CO/B7/N65	CO/B7/N570				
Service Facility Location provider NPI is not eligible to provide this service on this date of service.		CO/B7/N293	CO/B7/N570				
The date of death precedes the date of service		CO/13	CO/13				
Missing, incomplete, invalid place of service		CO/5	CO/5/M77				