

Short-Doyle/Medi-Cal Claim Payment Advice (835)  
Specialty Mental Health Services  
**CARC/RARC Changes**

**NOTES:** Please also see the official CARC/RARC descriptions on the X12 website  
[Link to CARC Definitions](#) [Link to RARC Definitions](#)

DMH Description	Revised Description (if applicable)	Latest Update 6/2/2021	03/10/2014 and earlier	Updated 03/11/2014	Updated 06/05/2014	Updated 12/08/2014	Updated 06/08/2015	Updated 09/08/2015	Updated 08/23/2016	Updated 01/10/2017	Updated 04/10/2018	Updated 05/08/2018	Updated 06/05/2018	Updated 11/12/2019	Updated 6/22/2021
Service line is a duplicate service.		CO/97/M86	CO/18/M80	CO/97/M86											
Service line is a duplicate and a repeat service procedure modifier is not present.		CO/97/M86	CO/18/M86	CO/97/M86											
Date of Birth submitted on the 837 (Loop 2010BA Subscriber Demographic Information segment, element DMG02) is not equal to Date of Birth indicated on MEDS at time of adjudication.		CO/16/N327								CO/16/N327					
Healthy families partial month eligibility restriction, Date of Service must be greater than or equal to date of Date of Eligibility.		CO/177	CO/26/- and CO/200/-	CO/26/N30					CO/177						
Aid code invalid for Medi-Cal specialty mental health billing.		CO/177	CO/31/-	CO/31/-					CO/177						
Beneficiary not eligible.	Beneficiary not eligible. - None of the Aid Codes assigned to CIN were eligible.	CO/177	CO/177	CO/177											
Only SED services are valid for Healthy Families aid code.		CO/177	CO/185	CO/96/N216					CO/177						
Therapeutic Behavioral Service valid only with a Full Scope Aid Code and an EPSDT Aid Code.	Therapeutic Behavioral Service (TBS) and Katie A valid only with a Full Scope Aid Code and an EPSDT Aid Code.	CO/177	CO/204	CO/96/N216					CO/177						
Emergency Services Indicator must be "Y" or Pregnancy Indicator must be "Y" for this aid code.		CO/177	CO/204/N30	CO/96/N216					CO/177						
Pregnancy Indicator must be "Y" for this aid code.		CO/177	CO/204/N182	CO/96/N216					CO/177						
Professional claim (837P transaction type) denied, client aid code is restricted to inpatient mental health services		CO/177			CO/204				CO/177						

Emergency Services Indicator must be "Y" for this aid code.		<b>CO/177</b>	CO/204/N206	CO/204/N130					CO/177						
Gender submitted on the 837 (Loop 2010BA Subscriber Demographic Information segment, element DMG03) is not equal to Gender indicated on MEDS at time of adjudication.		<b>CO/16/MA39</b>								CO/16/MA39					
Medicare must be billed prior to the submission of this claim.	Medicare must be billed prior to the submission of this claim – Medi-Medi.	<b>CO/22/N479</b>	CO/22/N192	CO/16/N479				CO/22/N479							
OHC = F, must be billed prior to the submission of this claim		<b>CO/16/N479</b>						CO/16/N479							
Submitting county ineligible to use HFP-IP.		<b>CO/B7/N570</b>	CO/A1/MA134	CO/B7/N570											
Service Facility Location provider NPI is not eligible to provide this service within the submitting		<b>CO/B7/N570</b>	CO/B7/-	CO/B7/N570											
Service Facility Location provider NPI is not eligible to provide this service.		<b>CO/B7/N570</b>	CO/B7/N65	CO/B7/N570											
Service Facility Location provider NPI is not eligible to provide this service on this date of service.		<b>CO/B7/N570</b>	CO/B7/N293	CO/B7/N570											
Late claim denial.		<b>CO/29/-</b>	CO/29/-	CO/29/N30				CO/29/-							
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	<b>CO/22/-</b>	CO/22/-	CO/16/N479				CO/22/-							
Invalid revenue code, procedure code, and modifier combination.		<b>CO/96/N216</b>	CO/109/- and CO/199/-	CO/96/N216											
Invalid procedure code and modifier combination.		<b>CO/96/N216</b>	CO/109/M51	CO/96/N216											
State Funded Immigrants: Beneficiary is full scope eligible but ineligible for Federal Financial Participation due to immigration status		<b>CO/96/N30</b>													
State Funded Immigrants: Beneficiary is full scope eligible but ineligible for Federal Financial Participation due to immigration status		<b>CO/96/MA43</b>													
Services overlap an inpatient stay (service may be billed only if rendered on date of admission or date of discharge)		<b>CO/96/M80</b>	CO/A1/MA133	CO/96/N20				CO/96/M80							

Service not payable with other service rendered on the same date.		<b>CO/96/M80</b>	CO/A1/N20	CO/96/N20				CO/96/M80						
When added to previously billed services, this service exceeds total maximum allowed per day.		<b>CO/96/M86</b>	CO/119/N362	CO/96/M86										
Missing, incomplete, invalid rendering provider primary identifier		<b>CO/16/N290</b>								CO/16/N290				
Denies the claims/service lines when PO Box, Lock Box, Lock Bin, Post Office Box or variations is populated in the Service Facility Location Address.		<b>CO/16/N294</b>									CO/16/N294			
Service date submitted prior to the service effective date.		<b>CO/26/N650</b>												
Payment denied – prior processing information incorrect. Void/replacement error.		<b>CO/16/M47</b>	CO/129	CO/16/M47										
ICD-10 Missing/incomplete/invalid procedure code(s)		<b>CO/16/M51</b>						CO/16/M51						
Hospital Inpatient Admin Day-Lockout on Day of Admission.		<b>CO/16/M52</b>	CO/A1/N56	CO/16/M52										
Day Treatment Services must be billed at 3 hours minimum.		<b>CO/16/M53</b>	CO/A1/N182	CO/16/M53										
Service line is submitted with a \$0 Line Item Charge Amount.		<b>-/M54</b>	-/M54	-/M54										
ICD-10 Missing/incomplete/invalid diagnosis or condition		<b>CO/16/M76</b>						CO/16/M76						
Invalid place of service for this procedure code.		<b>CO/5/M77</b>	CO/171/M77	CO/5/M77										
Missing, incomplete, invalid place of service		<b>CO/5/M77</b>	CO/5	CO/5/M77										
Invalid date range for a 24-hour service.		<b>CO/16/MA31</b>	CO/A1/MA31	CO/16/MA31										
All 24-hour services must have an admission date.		<b>CO/16/MA40</b>	CO/A1/MA40	CO/16/MA40										
Denial of a Service Line for IMD services of a beneficiary not eligible due to age restrictions.		<b>CO/6/N129</b>										CO/6/N129		



The NPI of the service facility location on a claim is deactivated in NPPES <b>or</b> the incorrect NPI Type for the Service Facility Location NPI has been entered on the claim.		<b>CO/208/N77</b>													<b>CO/208/N77</b>
The Claim Rendering NPI is deactivated in NPPES <b>or</b> the incorrect NPI Type for the Claim Rendering NPI has been entered on the claim.		<b>CO/208/N290</b>													<b>CO/208/N290</b>
The NPI of the ordering provider is deactivated in NPPES		<b>CO/208/N265</b>													<b>CO/208/N265</b>
The NPI of the referring provider is deactivated in NPPES		<b>CO/208/N286</b>													<b>CO/208/N286</b>