Short-Doyle/Medi-Cal Claim Payment Advice (835)

Specialty Mental Health Services

NOTES: Please also see the official CARC/RARC descriptions on the X12 website

<u>Link to CARC Definitions</u> <u>Link to RARC Definitions</u>

CARC/RARC Changes

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 DMGO2 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 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 (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.		CO/177	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.		CO/16/MA39						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.	CO/22/N479	CO/22/N192	CO/16/N479	CO/22/N479						
OHC = F, must be billed prior to the submission of this claim		CO/16/N479			CO/16/N479						
Submitting county ineligible to use HFP-IP.		CO/B7/N570	CO/A1/MA134	CO/B7/N570							
Service Facility Location provider NPI is not eligible to provide this service within the submitting		CO/B7/N570	CO/B7/-	CO/B7/N570							
Service Facility Location provider NPI is not eligible to provide this service.		CO/B7/N570	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/N570	CO/B7/N293	CO/B7/N570							
Late claim denial.		CO/29/-	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	CO/22/-	CO/22/-	CO/16/N479	CO/22/-						
Invalid revenue code, procedure code, and modifier combination.		CO/96/N216	CO/109/– and CO/199/-	CO/96/N216							
Invalid procedure code and modifier combination.		CO/96/N216	CO/109/M51	CO/96/N216							
State Funded Immigrants: Beneficiary is full scope eligible but ineligible for Federal Fianancial Partipication due to immigration status		CO/96/N30									
State Funded Immigrants: Beneficiary is full scope eligible but ineligible for Federal Fianancial Partipication due to immigration status		CO/96/MA43									
Services overlap an inpatient stay (service may be billed only if rendered on date of admission or		CO/96/M80	CO/A1/MA133	CO/96/N20		CO/96/M80					

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

Therapeutic Behavioral Services valid only when beneficiary's age on Date of Service is less than or	Services and Katie A) require Beneficiary	CO/96/N129	CO/6/-	CO/96/N129							
equal to 21 years.	Age < 21 on Date of Service										
Only 24 hour services may bill using a date range. All other service lines must use a single date of service.		CO/16/N301	CO/A1/N300	CO/16/M59	CO/16/N301						
Number of units billed exceeds the maximum days allowed.		CO/16/N345	CO/A1/M53	CO/16/N345							
Single service exceeds maximum minutes per day.		CO/96/N362	CO/119/N20	CO/96/N362							
To use Aid Code 2C, beneficiary must be a resident of San Francisco, San Mateo, or Santa Clara counties		CO/177								CO/96/N424	
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/16/N480	CO/A1/N480	CO/16/N480							
No discharge date permitted for interim claims.		CO/16/N50	CO/135	CO/119/M53	CO/16/N50						
Invalid place of service for this Service Facility Location NPI.		CO/16/N521	CO/171/M143	CO/16/N521							
Rendering provider taxonomy code for this service line does not match taxonomy on record for this Sonice Englith Jocation		CO/16/N521	CO/A1/N198	CO/16/N521							
All dates of service on claim must be within same calendar month,		CO/267/N74	CO/151	CO/16/N63	CO/16/N61	CO/267/N74					
excent discharge date can be 1st. Outpatient: Invalid procedure code for FFS. Inpatient: Invalid revenue code for HFP-IP.		CO/170/N95	CO/A1/MA66	CO/170/N95							
Rendering provider taxonomy for this service line is not permitted to bill as Fee-For-Service provider		CO/170/N95	CO/A1/N198	CO/170/N95							
Service date cannot be later than submission date.		CO/110	CO/110/N59	CO/110							
The date of death precedes the date of service		CO/13	CO/13	CO/13							
The NPI of the billing provider(s) is deactivated NPPES or the incorrect NPI Type for the Billing Provider NPI has been entered on the claim.		CO/208/N257									CO/208/N257
The NPI of the attending provider is deactivated NPPES.		CO/208/N253									CO/208/N253

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