

Enclosure 1

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

Specialty Mental Health Services

CARC/RARC Changes

NOTES:

Update CORE code Combinations for CAQH CORE 360 CARC and RARCs: As of **05/1/2018** version 3.4.2, published 11/01/2017.

04/10/2018 Update added denial code regarding rendering provider number. **05/08/2018** Update added denial code regarding PO Box, Lock Box, Lock Bin, Post Office Box.

06/05/2018 Update added denial code regarding age eligibility restriction.

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Denial of a Service Line for IMD services of a beneficiary not eligible due to age restrictions.												CO/6/N129
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	
Missing, incomplete, invalid rendering provider primary identifier									CO/16/N290			

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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			
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			
ICD-10 Missing/incomplete/invalid diagnosis or condition							CO/16/M76					

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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					CO/177				

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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						

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Invalid place of service for this procedure code.		CO/171/M77	CO/5/M77									
Invalid place of service for this Service Facility Location NPI.		CO/171/M143	CO/16/N521									
Beneficiary not eligible.	Beneficiary not eligible. - None of the Aid Codes assigned to CIN were eligible.	CO/177	CO/177									
Only SED services are valid for Healthy Families aid code.		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/204	CO/96/N216					CO/177				

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Emergency Services Indicator must be "Y" or Pregnancy Indicator must be "Y" for this aid code.		CO/204/N30	CO/96/N216					CO/177				
Pregnancy Indicator must be "Y" for this aid code.		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/204				CO/177				
Emergency Services Indicator must be "Y" for this aid code.		CO/204/N206	CO/204/N130					CO/177				

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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					

