

| <b>Short-Doyle / Medi-Cal Claim Payment/Advice (835)<br/>CARC / RARC Changes (Effective: January 1, 2014)</b>           |   |  |  |
|---|---|--|--|
| <b>Description</b>  | <b>Revised<br/>Description<br/>(if applicable)</b>                                    | <b>Old Group /<br/>Reason /<br/>Remark</b> | <b>New Group /<br/>Reason /<br/>Remark</b> |
| Service line is submitted with a \$0 Line Item Charge Amount.   |   | --/M54                                     | CO/16/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                                  |
| Other health coverage must be billed before the submission of this claim.   |   | CO/22/-                                    | CO/16/N479                                 |
| Medicare must be billed prior to the submission of this claim.  |   | CO/22/N192                                 | CO/16/N479                                 |

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| Healthy families partial month eligibility restriction, Date of Service must be greater than or equal to date of Date of Eligibility. |  | CO/26/–<br><br>and<br><br>CO/200/–         | CO/26/N30                                  |
| Late claim denial.  |  | CO/29/–                                    | CO/29/N30                                  |
| 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/–<br><br>and<br><br>CO/199/–        | CO/96/N216                                 |
| Invalid procedure code and modifier combination.  |  | CO/109/M51                                 | CO/96/N216                                 |
| Service date cannot be later than submission date.  |  | CO/110/N59                                 | CO/110                                     |

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| 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                                 |
| 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                                  |
| 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                                     | PR/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                                 |
| Emergency Services Indicator must be "Y" for this aid code.   |  | CO/204/N206                                | CO/204/N130                                |

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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.<br><br>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                                  |
| Submitting county ineligible to use HFP-IP.  |  | CO/A1/MA134                                | CO/B7/N570                                 |

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| Service not payable with other service rendered on the same date.   |   | CO/A1/N20                                  | CO/96/N20                                  |
| 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                                  |
| Invalid taxonomy for this provider.   |   | CO/A1/N198                                 | CO/16/N521                                 |
| 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                                  |
| 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                                 |