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

Specialty Mental Health Services

CARC/RARC Changes

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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

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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/– 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		

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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		
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		

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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

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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.		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		

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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		
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		

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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		
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		

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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		

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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		

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The date of death precedes the date of service		CO/13	CO/13		
Missing, incomplete, invalid place of service		CO/5	CO/5/M77		