

Short-Doyle / Medi-Cal Claim Payment/Advice (835) CARC / RARC Changes (Effective: January 1, 2014) (Updated 1/28/2014, 2/12/2014, 2/28/2014, 6/05/2014)			
Description	Revised Description (if applicable)	Old Group / Reason / Remark	New Group / Reason / Remark
Service line is submitted with a \$0 Line Item Charge Amount.		-/-/M54	CO/16/M54 -/-M54 Revised 2/12/2014
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/– and 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/– and 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 CO/177 Revised 1/28/2014
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

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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 Added 6/05/2014 –
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
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

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Rendering provider taxonomy code for this service line does not match taxonomy on record for this Service Facility location. Revised 2/28/2014		CO/A1/N198	CO/16/N521
Rendering provider taxonomy for this service line is not permitted to bill as Fee-For-Service provider. Added 2/28/2014		CO/A1/N198	CO/170/N95 Added 2/28/2014
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
The date of death precedes the date of service		CO/13	CO/13 Added 2/12/2014
Missing, incomplete, invalid place of service		CO/5	CO/5/M77 Added 2/12/2014