

Specialty Mental Health Services

**CARC/RARC Changes**

**NOTES:**

Update CORE code Combinations for CAQH CORE 360 CARC and RARCs: **09/08/2015** Version 3.2.0, published 06/01/2015. **06/08/2015** Version 3.1.3, published 11/01/2014. **12/08/2014** Version 3.1.1, published 07/01/2014; version 3.1.0, published 06/01/2014; version 3.0.4, published 02/01/2014; version 3.0.3, published 10/01/2013.

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ICD-10 Missing/incomplete/invalid diagnosis or condition							CO/16/M76	
ICD-10 Missing/incomplete/invalid procedure code(s)							CO/16/M51	
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.	EPSDT-only (Therapeutic Behavioral Services and Katie A) require Beneficiary Age < 21 on Date of Service	CO/6/-	CO/96/N129					

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

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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	Other health coverage must be billed before the submission of this claim - OHC	CO/22/-	CO/16/N479		CO/22/-			

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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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Late claim denial.		CO/29/-	CO/29/N30		CO/29/-			
Aid code invalid for Medi-Cal specialty mental health billing.		CO/31/-	CO/31/-					CO/177
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					

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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		
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.	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



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Emergency Services Indicator must be "Y" for this aid code.		CO/204/N206	CO/204/N130					CO/177
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				CO/96/M80	
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				CO/96/M80	
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.		CO/A1/N198	CO/16/N521					
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			

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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					
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					

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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					
Missing, incomplete, invalid place of service		CO/5	CO/5/M77					