Short-Doyle/Medi-Cal Claim Payment/Advice (835)
Substance Use Disorder Services
CARC/RARC Changes

Description	Current Group/ Reason/Remark	Proposed Group/Reason/Remark
Beneficiary identified as perinatal-eligible (Loop 2000B PAT09 is "Y"), but MEDS indicates this client is male.	CO/16/MA39	
Deny claim when billing for Perinatal service when beneficiary is not perinatal-eligible (Loop 2000B PAT09 is "Y").	CO/96/N30	
Perinatal service billed prior to 1/1/2014, but beneficiary is not identified as perinatal-eligible (Loop 2000B PAT09 of "Y" not provided), or Daycare Rehabilitative service billed, but beneficiary is not EPSDT eligible per MEDS, and is not identified as perinatal-eligible (Loop 2000B PAT09 of "Y" not provided.)	CO/96/N30	
The date of death precedes the date of service.	CO/13/	
The claim (Original/Void/Replacement) is an invalid bridge submission claim.	CO/16/N354	
Deny service lines with zero dollar net charge.	M54	
This service is not allowed on the same date as a previously-approved service for this beneficiary without a valid multiple service procedure modifier.	CO/16/N20	CO/96/N20
MEDS indicates this client has non-Medicare other health coverage, and the claim does not indicate that coverage has been billed first.	CO/16/N479	CO/22/
Coordination of benefits adjustment.	CO/23	
Claim denied for late submission.	CO/29/N30	CO/29/
Beneficiary aid code(s) do not indicate eligibility for Drug Medi-Cal services.	CO/31/	
Charges reduced because they exceed the maximum allowed given the established rate and the billed units of service.	CO/45/	
Administrative Fees retained by State.	CO/89/	
DMC denies the post-adjudicated file that contains duplicate claims as another submitted file.	CO/97/M86	
Claim denied because perinatal and non-perinatal services are billed together. Re-bill perinatal and non-perinatal services on separate claims.	CO/16/N63	CO/16/N61
Claim denied because service dates on claim include more than one calendar month. Re-bill in separate claims for each calendar month of service.	CO/16/N63	CO/16/N61

Service date cannot be later than submission date.	CO/110/	
Service line denied because a service (other than NTP counseling) was billed with a number of units different from the number of days billed.	CO/96/M86	CO/16/M53
Deny service line for Methodone dosing when the units billed on service line does not equal the number of days in the date range.	CO/119/N345	
Service denied because it would exceed limit of 20 units of NTP counseling service per month or it exceeds 1 unit of service for ODF, IOT (Intensive Outpatient Treatment), RES (Residential) or NAL (Naltrexone) beneficiary.	CO/96/N362	
The submitted Void or Replacement claim is not eligible to be Voided or Replaced.	CO/16/M47	
Deny DMC Void claim received on Bridge Resubmission.	CO/16/M47	
The Non-Federal portion of approved services to be paid with realignment funds.	CO/137	
Portion of payment for approved services deferred due to insufficient contract balances. Or payment deferred through Cost Settlement.	CO/143/	
Claim denied because it was submitted late, a delay reason code requiring certification was provided and a certification attachment was referenced in the claim, but the certification attachment either was not received or did not cover this claim.	CO/163/	
Service line denied because no diagnosis pointer provided in SV107 references a covered diagnosis code for Drug Medi-Cal services.	CO/167/N30	
Claim denied because Billing Provider EIN and NPI combination is not valid per DMC provider records.	CO/16/N521	
DMC denies the post-adjudicated file because the submitter does not have a valid contract to bill for DMC services.	CO/242/M115	
DMC denied the Post adjudicated file because the required Certification of Public Expenditure form was not received.	CO/252/N59	
Service line denied because the procedure codes and modifiers provided do not identify a Drug Medi-Cal service.	CO/96/N216	
Beneficiary aid code is “restricted to pregnancy services” and the client is not identified as perinatal-eligible (Loop 2000B PAT09 is “Y” not provided).		CO/96/N216
Service line denied because service “to” date proceeds “from” date.	CO/16/M59	CO/16/N301

Service line denied because a service other than NTP Methadone Dosing was billed with a date range rather than a single date of service.	CO/16/M59	CO/16/N301
This service is not allowed on the same date as one or more previously-approved services for this beneficiary.	CO/96/M80	
Void/Replacement claim denied because the original claim is an invalid resubmission claim.	CO/16/N152	
Claim denied because Billing Provider EIN Submitter EIN does not match per DMC provider records.	CO/16/N259	
Service line denied due to disallowance from post-service, post-payment utilization review.		
Claim or service line denied because COB information provided is not balanced.	CO/16/N480	
At the claim level, the Total Claim Charge Amount provided in the Loop 2300 Claim Information (CLM) segment must equal the Other Payer Paid Amount reported in Loop 2320 plus the sum of all adjustment amounts reported in Claims Adjustment (CAS) segments in Loops 2320 and Line Adjustment (CAS) segments in 2430 for this other payer.	CO/16/N480	
At the service line level, the Line Item Charge Amount provided in the Loop 2400 Professional Service (SVC) segment must equal the Service Line Paid Amount provided in the Loop 2430 Line Adjudication Information (SVD) segment, plus the sum of all Adjustments Amounts reported in Line Adjustment (CAS) segments in Loop 2430.	CO/16/N480	
Service line denied because the Service Facility Location was not a Drug Medi-Cal -certified site for the identified service on the date(s) of service.	CO/B7/N570	
Service line denied because the Service Facility Location is not one for which the Billing Provider may submit claims for the date(s) of service.	CO/B7/N570	
If Service Facility Location provider type is 'Sole Proprietor' and the zip code +4 of SFL provider on claim/service line does not equal zip code +4 in DMC's provider file then deny service line.	CO/B7/N570	
Lien and levy recovery.	OA/223/	
Recoupment of State General Fund (SGF) due to realignment.	PI/223/	
Service line reimbursement adjusted due to share of cost collected reported by provider.	PR/1/	