Multnomah Other Common Claim Denial Reasons (CARCs)

Claim Adjustment Reason Codes (CARCs) are listed for each service line and provide a brief explanation of the claim decision. For example, approved Multnomah Other services typically receive a CARC-24 (charges are covered under a capitation agreement/managed care plan) as Multnomah Other providers have a capitated contract.

Providers can use CARCs (listed on the Explanation of Benefits, EOB) to determine why a service was denied. This document lists common CARCs for denied claims. For additional assistance in determining why a service line or claim denied, please send a secure message to billing.multother@multco.us.

Common Denial CARCs

CARC-4: The procedure code is inconsistent with the modifier used or a required modifier is missing.	Typically indicates that the required modifier(s) for the procedure code is missing or the claim was submitted with a modifier that is not allowed. Services must be billed with the appropriate modifier(s). All Mult Other procedure codes require at least one modifier. Please review the fee schedule on the provider website (https://multco.us/mhas/addiction-provider-resources) for a list of which modifiers are required and appropriate for which procedure codes. Providers may submit a corrected claim within 45 days of the original adjudication date (or 30 days for DUII claims)
CARC-5: The procedure code/type of bill is inconsistent with the place of service.	Only place of service codes listed on the fee schedule are allowed – refer to provider website: https://multco.us/mhas/addiction-provider-resources) Verify that the place of service code from the claim is listed on the bottom of the fee schedule. Providers may submit a corrected claim within 45 days of the original adjudication date (or 30 days for DUII claims)
CARC-8: The procedure code is inconsistent with the provider type/specialty (taxonomy)	Typically, service requires an individual clinician's NPI but the claim was submitted under an agency NPI, or the service requires an agency NPI but was submitted under individual provider's NPI. Providers may submit a corrected claim within 45 days of the original adjudication date (or 30 days for DUII claims) with the correct provider name.
CARC-15: The authorization number is missing, invalid, or does not apply to the billed services or provider.	No valid authorization was found by the system for that procedure code, date of service, and/or provider. Enter an applicable authorization into CIM and submit a request to reprocess the claim (note authorizations must be entered into CIM within 45 days of the service start). Providers may have the claim reprocessed within 45 days of the original adjudication date (or 30 days for DUII claims).

CARC-18: Exact duplicate claim/service	A claim with the same service code and number of units was previously entered for the same date of service and provider. If the billing actually represents a distinct, unduplicated service, make sure that units are rolled up into one claim line for billing or an appropriate NCCI modifier has been applied.
CARC-29: The time limit for filing has expired	DUII Claims must be received within 30 days of the service start date. All other claims must be received within 45 days of the service start date. A timely filing waiver form may be submitted if extenuating circumstances prevented the claim(s) from being submitted within the deadline. The form is available on the provider website: https://multco.us/mhas/addiction-provider-resources Please note that though each timely filing waiver will be considered, it may not be approved even under extenuating circumstances due to funding availability.
CARC-109: Claim/service not covered by this payer/contractor	Typically the claim was submitted with a non-SUD diagnosis. DUII MIP: Clients do not need a SUD diagnosis. For instructions refer to the DUII MIP – Non-SUD Diagnosis guide on the AD provider website: https://multco.us/mhas/addiction-provider-resources For other claims, if a diagnosis was used in error a corrected claim may be filed within 45 days (or 30 days for other DUII claims) from the original adjudication date.
CARC-197: Precertification/authorization/notification/pre-treatment absent	No valid authorization was found by the system for that procedure code, date of service, or provider. Enter an applicable authorization into CIM and request the claim be reprocessed (note authorizations must be entered into CIM within 45 days of the service start). Providers may have the claim reprocessed within 45 days of the original adjudication date (or 30 days for DUII claims).
CARC-206: National Provider Identifier - missing	Provider's NPI is missing; Submit the provider name, credentials, NPI, taxonomy, DMAP # and effective date to: providercontracting@phtech.com Rosters may be sent monthly or when staff changes occur to prevent claims from denying. Once the provider's information is updated, providers may have the claim reprocessed within 45 days of the original adjudication date (or 30 days for DUII claims).

Questions? Technical Assistance?

Contact us at billing.multother@multco.us