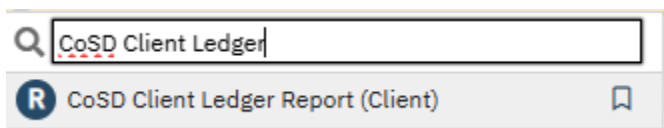


COSD CLIENT LEDGER REPORT

The CoSD Client Ledger Report was developed to provide users with an insight into the client's account which includes all financial activities (i.e., charges, payments, denials/adjustments, etc.) associated with services received in BHS system of care.

NOTE: Since various financial activities (i.e., charge creation, claim generation, electronic remittance processing, EOB posting, etc.) can occur at any given time, the report will only be as current as the day you run it.

1. Search for CoSD Client Ledger Report
2. Although the report is CDAG compliant, a "client id" or "client name" is required to access the report. You can also do a "client search" first then try to access the report.



3. System prompts you for a service "Start Date", "End Date" and "Program Code".

Start Date End Date
 Program Code

4. Report displays the services in descending order by DOS. To see all the financial activities on a specific DOS, simply click on the plus (+) sign next to the service id.

CoSD Client Ledger Report (Client Id =)

From 7/1/2025 To 7/31/2025

Service ID	Date of Service	Procedure	Charge	Unbilled Amount	Billed Amount	Payments	Adjustments	Charge Balance
	07/31/2025 12:02PM	TCMIICC 98.00 Minutes	\$681.31	\$0.00	\$0.00	\$681.31	\$0.00	\$0.00
	07/29/2025 12:00PM	TCMIICC 60.00 Minutes	\$389.32	\$0.00	\$0.00	\$389.32	\$0.00	\$0.00
	07/28/2025 2:30PM	TCMIICC 28.00 Minutes	\$194.66	\$0.00	\$0.00	\$194.66	\$0.00	\$0.00
	07/22/2025 2:30PM	TCMIICC 21.00 Minutes	\$97.33	\$0.00	\$0.00	\$97.33	\$0.00	\$0.00
	07/22/2025 10:40AM	TCMIICC 13.00 Minutes	\$97.33	\$0.00	\$0.00	\$97.33	\$0.00	\$0.00
	07/22/2025 10:02AM	TCMIICC 10.00 Minutes	\$97.33	\$0.00	\$0.00	\$97.33	\$0.00	\$0.00
	07/17/2025 4:00PM	TCMIICC 15.00 Minutes	\$97.33	\$0.00	\$0.00	\$97.33	\$0.00	\$0.00
	07/17/2025 2:20PM	TCMIICC 25.00 Minutes	\$194.66	\$0.00	\$0.00	\$194.66	\$0.00	\$0.00
	07/16/2025 11:16AM	Prescriber Progress E/M (OP) 53.00 Minutes	\$582.73	\$0.00	\$0.00	\$582.73	\$0.00	\$0.00
	07/15/2025 10:07AM	Individual Therapy 60.00 Minutes	\$389.33	\$0.00	\$0.00	\$389.33	\$0.00	\$0.00
	07/11/2025 10:02AM	TCMIICC 20.00 Minutes	\$97.33	\$0.00	\$0.00	\$97.33	\$0.00	\$0.00
	07/08/2025 10:02AM	TCMIICC 26.00 Minutes	\$194.66	\$0.00	\$194.66	\$0.00	\$0.00	\$194.66
	07/01/2025 10:23AM	TCMIICC 30.00 Minutes	\$194.66	\$0.00	\$194.66	\$0.00	\$0.00	\$194.66
	07/01/2025 10:01AM	TCMIICC 15.00 Minutes	\$97.33	\$0.00	\$97.33	\$0.00	\$0.00	\$97.33

• Charge/Payment Summary

- **Service Id** = system assigned service id
- **Date of Service** = date of service and service start time entered
- **Procedure** = procedure code and service duration
- **Charge** = calculated amount based on rate, duration, clinician

COSD CLIENT LEDGER REPORT

- **Unbilled Amount** = if service has not been billed to Medi-Cal yet, it will display on this column.
- **Billed Amount** = normally populated by a denied amount
- **Payments** = from Medi-Cal electronic RA (835) or OHC EOBs (explanation of benefits)
- **Adjustments** = from Medi-Cal electronic RA (835) or OHC EOBs
- **Charge Balance** = if charges have not been billed or remaining balance after payers were billed.
- **Charge/Payment Details**
 - **Charge ID** = system assigned charge id
 - **Date** = date when financial activity was posted on the client account.
 - **Activity** = financial activity that was posted on the client account (i.e., service complete, EOB/Payer Payment, etc.)
 - **Payer** = pay source where the charge is currently staged or where payment or adjustment came from
 - **Type** = “payment” applies to both payment and adjustment; if service was paid, there will a check# referenced; if service was denied a State assigned INC# will be referenced.
 - **Adjustment** = applies to balances transferred to client account (i.e., SOC-Share of Cost, UMDAP)
 - **Payment Amount**
 - If Type = Charge, then amount displayed is the charge for the service
 - If Type = Payment, amount displayed is in parenthesis (\$NNN.NN) and check# is referenced, then service was paid.
 - If Type = Payment, amount displayed is \$0.00 and INC# is referenced, then service was denied.
 - **Check#** = either check number referenced from payment received from Medi-Cal or INC# from denials.
 - **Reason Code/Description** = displays the Denial Code received from Medi-Cal
 - **Remittance Advice Remark Codes/Description** = displays detailed description about the denial.

COSD CLIENT LEDGER REPORT

Service ID	Date of Service	Procedure	Charge	Unbilled Amount	Billed Amount	Payments	Adjustments	Charge Balance	
█	07/31/2025 12:02PM	TCM/ICC 98.00 Minutes	\$681.31	\$0.00	\$0.00	\$681.31	\$0.00	\$0.00	
Charge Id	Date	Activity	Payer	Type	Adjustment Code	Payment Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
2331837	11/25/2025	EOB Payer Payment	Medi-Cal MH 9 █ F	Payment		(\$681.31)	0061471919		
2331837	8/5/2025	Service Complete	Medi-Cal MH 9 █ F	Charge		\$681.31			
█	07/29/2025 12:00PM	TCM/ICC 60.00 Minutes	\$389.32	\$0.00	\$0.00	\$389.32	\$0.00	\$0.00	
█	07/28/2025 2:30PM	TCM/ICC 28.00 Minutes	\$194.66	\$0.00	\$0.00	\$194.66	\$0.00	\$0.00	
█	07/22/2025 2:30PM	TCM/ICC 21.00 Minutes	\$97.33	\$0.00	\$0.00	\$97.33	\$0.00	\$0.00	
█	07/22/2025 10:40AM	TCM/ICC 13.00 Minutes	\$97.33	\$0.00	\$0.00	\$97.33	\$0.00	\$0.00	
█	07/22/2025 10:02AM	TCM/ICC 10.00 Minutes	\$97.33	\$0.00	\$0.00	\$97.33	\$0.00	\$0.00	
█	07/17/2025 4:00PM	TCM/ICC 15.00 Minutes	\$97.33	\$0.00	\$0.00	\$97.33	\$0.00	\$0.00	
█	07/17/2025 2:20PM	TCM/ICC 25.00 Minutes	\$194.66	\$0.00	\$0.00	\$194.66	\$0.00	\$0.00	
█	07/16/2025 11:16AM	Prescriber Progress E/M (OP) 53.00 Minutes	\$582.73	\$0.00	\$0.00	\$582.73	\$0.00	\$0.00	
█	07/15/2025 10:07AM	Individual Therapy 60.00 Minutes	\$389.33	\$0.00	\$0.00	\$389.33	\$0.00	\$0.00	
█	07/11/2025 10:02AM	TCM/ICC 20.00 Minutes	\$97.33	\$0.00	\$0.00	\$97.33	\$0.00	\$0.00	
█	07/08/2025 10:02AM	TCM/ICC 26.00 Minutes	\$194.66	\$0.00	\$194.66	\$0.00	\$0.00	\$194.66	
Charge Id	Date	Activity	Payer	Type	Adjustment Code	Payment Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
█	10/24/2025	EOB Payer Payment	Medi-Cal MH █	Payment		\$0.00	INC-\$56579	Denial Code - CO-16	N288 - Missing incomplete invalid rendering provider taxonomy, N95 - This provider type-provider specialty may not bill this service.
█	7/16/2025	Service Complete	Medi-Cal MH █	Charge		\$194.66			

Client Ledger – OHC Primary/Medi-Cal Secondary (MH)

CoSD Client Ledger Report (Client Id = █ 1)

Client Ledger - OHC Primary/Medi-Cal Secondary; OHC billed but no response; Balance transferred to Medi-Cal with OA-210 code



From 5/1/2025 To 5/31/2025

Service ID	Date of Service	Procedure	Charge	Unbilled Amount	Billed Amount	Payments	Adjustments	Charge Balance	
█	05/27/2025 1:53PM	TCM/ICC 36.00 Minutes	\$188.84	\$0.00	\$0.00	\$188.84	\$0.00	\$0.00	
█	05/27/2025 1:00PM	Prescriber Progress E/M (OP) 51.00 Minutes	\$565.26	\$0.00	\$565.26	\$0.00	\$0.00	\$565.26	
█	05/22/2025 3:50PM	Medication Training and Support 46.00 Minutes	\$442.08	\$0.00	\$0.00	\$442.08	\$0.00	\$0.00	
█	05/19/2025 10:21AM	Medication Training and Support 58.00 Minutes	\$589.44	\$0.00	\$0.00	\$589.44	\$0.00	\$0.00	
Charge Id	Date	Activity	Payer	Type	Adjustment Code	Payment Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
█	4/23/2026	EOB Payer Payment	Medi-Cal MH █	Payment		(\$589.44)	0062729596		
█	3/6/2026	Adjustment	Blue Shield █	Transfer	OA-210 90 Days and No Response	(\$589.44)			
█	3/6/2026	Adjustment	Medi-Cal MH █	Transfer	OA-210 90 Days and No Response	\$589.44			
█	5/22/2025	Service Complete	Blue Shield █	Charge		\$589.44			
█	05/13/2025 3:34PM	TCM/ICC 30.00 Minutes	\$142.06	\$0.00	\$0.00	\$142.06	\$0.00	\$0.00	
█	05/12/2025 9:50AM	Medication Training and Support 54.00 Minutes	\$589.44	\$0.00	\$0.00	\$589.44	\$0.00	\$0.00	
█	05/12/2025 2:30PM	TCM/ICC 125.00 Minutes	\$568.24	\$0.00	\$0.00	\$568.24	\$0.00	\$0.00	
█	05/05/2025 10:31AM	Medication Training and Support 67.00 Minutes	\$589.44	\$0.00	\$0.00	\$589.44	\$0.00	\$0.00	

No EOB received from OHC; balance transferred to Medi-Cal, bill & got paid

COSD CLIENT LEDGER REPORT

Client Ledger – Medicare Primary/Medi-Cal Secondary (MH)

CoSD Client Ledger Report (Client Id = [REDACTED]) Medicare Primary/Medi-Cal Secondary



From 4/1/2026 To 6/25/2026

Service ID	Date of Service	Procedure	Charge	Unbilled Amount	Billed Amount	Payments	Adjustments	Charge Balance	
Charge Id	Date	Activity	Payer	Type	Adjustment Code	Payment Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
[REDACTED]	6/23/2026	EOB Payer Payment	Medi-Cal MH 9[REDACTED]A	Payment		(\$1974.83)	0063289706		
[REDACTED]	4/11/2026	Service Complete	Medi-Cal MH 9[REDACTED]A	Charge		\$1974.83			
[REDACTED]	04/08/2026 2:35PM	Prescriber Progress E/M (OP) 27.00 Minutes	\$309.96	\$309.96	\$0.00	\$0.00	\$0.00	\$309.96	
Charge Id	Date	Activity	Payer	Type	Adjustment Code	Payment Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
[REDACTED]	4/11/2026	Service Complete	MEDICARE PART A & B [REDACTED]	Charge		\$309.96			
[REDACTED]	04/07/2026 3:09PM	Plan Development, non-physician 96.00 Minutes	\$439.38	\$0.00	\$0.00	\$439.38	\$0.00	\$0.00	
[REDACTED]	04/02/2026 8:10AM	Medication Training and Support 70.00 Minutes	\$759.55	\$0.00	\$0.00	\$759.55	\$0.00	\$0.00	
[REDACTED]	04/02/2026 4:02PM	Prescriber Progress E/M (OP) 22.00 Minutes	\$309.96	\$309.96	\$0.00	\$0.00	\$0.00	\$309.96	

Client Ledger – OHC Primary/Medi-Cal Secondary (SUD)

CoSD Client Ledger Report (Client Id = [REDACTED])



From 9/1/2025 To 9/30/2025

Service ID	Date of Service	Procedure	Charge	Unbilled Amount	Billed Amount	Payments	Adjustments	Charge Balance	
[REDACTED]	09/19/2025 5:00AM	Individual Counseling 60.00 Minutes	\$322.96	\$322.96	\$0.00	\$0.00	\$0.00	\$322.96	
Charge Id	Date	Activity	Payer	Type	Adjustment Code	Payment Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
[REDACTED]	2/3/2026	Adjustment	Medi-Cal DMC 9[REDACTED]	Transfer	CO Chrg exceeds fee schedule (45)	(\$322.96)			
[REDACTED]	2/3/2026	Adjustment	Kaiser Permanente 00[REDACTED]S	Transfer	CO Chrg exceeds fee schedule (45)	\$322.96			
[REDACTED]	2/2/2026	Service Complete	Medi-Cal DMC 9[REDACTED]A	Charge		\$322.96			
[REDACTED]	09/12/2025 8:06AM	TCM/ICC 60.00 Minutes	\$322.96	\$0.00	\$0.00	\$322.96	\$0.00	\$0.00	
Charge Id	Date	Activity	Payer	Type	Adjustment Code	Payment Amount	Check#	Reason Codes/Desc	Remittance Advice Remark Codes/Desc
[REDACTED]	3/10/2026	EOB Payer Payment	Medi-Cal DMC 9[REDACTED]	Payment		(\$322.96)	62344074		
[REDACTED]	1/30/2026	Service Complete	Medi-Cal DMC [REDACTED]	Charge		\$322.96			

COSD CLIENT LEDGER REPORT

Client Ledger – Medicare Primary/Medi-Cal Secondary (SUD)

Service ID	Date of Service	Procedure	Charge	Unbilled Amount	Billed Amount	Payments	Adjustments	Charge Balance		
013	07/16/2025 1:47PM	BUPRENORPHINE-NALOX 8-2MG FILM NDC 47781035703 1.00 Units	\$801.00	\$0.00	\$537.49	\$263.51	\$0.00	\$537.49		
Charge Id	Date	Activity	Payer	Type	Adjustment Code	Payment Amount	Check#	Reason Codes/Desc	Remittance Advice Codes/Desc	Remark
	2/10/2026	EOB Payer Payment	Medi-Cal DMC 91	Transfer	CO-96 Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	\$537.49	200312786			
	2/10/2026	EOB Payer Payment	Medicare Part B-Noridian 2E	Transfer	CO-96 Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	(\$537.49)	200312786			
	2/10/2026	EOB Payer Payment	Medicare Part B-Noridian 2E	Payment		(\$263.51)	200312786			
	8/6/2025	Adjustment	Medi-Cal DMC 91	Transfer	CO Chrg exceeds fee schedule (45)	(\$801.00)				
	8/6/2025	Adjustment	Medicare Part B-Noridian 2E	Transfer	CO Chrg exceeds fee schedule (45)	\$801.00				
	7/30/2025	Service Complete	Medi-Cal DMC 91	Charge		\$801.00				