



TRANSFER TO (COB): CALIFORNIA DHCS

ID CODE:000070052

PATIENT: PCN:
MID: SVC FROM: 02/20/2024 MRN:
CLAIM STAT: 19 THRU: 02/29/2024 ICN:
REV DATE HCPCS APC/HIPPS MODS QTY CHARGES ALLOW/REIM GC RSN AMOUNT REMARK CODES
LICN HCPI
SVC Desc

253 0.54
PR 2 7.89
1 1.77

9680930-86775770,

0430 02/29 97530 GO CO 2.000 180.00 44.19 CO 59 110.71 N851
253 0.90
45 7.96
PR 2 13.26
1 2.98

9680930-86775771,

0430 02/20 97542 GO 59 1.000 45.00 19.21 CO 59 19.40
253 0.39
PR 2 4.90
1 1.10

9680930-86775768,

0434 02/20 97165 GO 1.000 135.00 83.59 CO 45 23.58
253 1.71
PR 2 21.33
1 4.79

9680930-86775772,

GROUP CODES:

CO - Contractual Obligation (Patient may not be billed for these)

PR - Patient Responsibility

CARC CODES:

1 Deductible Amount

2 Coinsurance Amount

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage:
This adjustment amount cannot equal the total service or claim charge amount; and must not
duplicate provider adjustment amounts (payments and contractual reductions) that have resulted
from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)
59 Processed based on multiple or concurrent procedure rules. (For example multiple surgery or
diagnostic imaging, concurrent anesthesia.) Usage: Refer to the 835 Healthcare Policy

Providers should also include a copy of the Medicare Part B Explanation of Benefits to the claim.

For further information regarding this process, please contact the Partnership Claims Department at (707) 863-4130.