

Share of Cost (SOC)



6/11/2024

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Purpose

The purpose of this module is to define member Share of Cost (SOC), to familiarize participants with the process, to discuss the *Share of Cost Case Summary* form and to explain SOC certification.

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Objectives

Our objectives today will be to:

- Define the SOC process
- Explain how aid codes and/or specific services may relate to SOC
- Identify how Medi-Cal claims will reflect SOC clearance information
- Review the *Share of Cost Case Summary* form

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SOC/Spend Down Transactions

Some Medi-Cal members must pay or agree to be obligated to pay a monthly dollar amount toward their medical expenses before they qualify for Medi-Cal benefits:

- This dollar amount is called Share of Cost (SOC) also known as Spend Down
- A Medi-Cal member's SOC is similar to a private insurance plan's out-of-pocket deductible

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Logging into Transaction Center

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Logging into Provider Portal

The screenshot shows the Medi-Cal Provider Portal login interface. At the top, there is a navigation bar with the HCS logo, social media icons, and links for Login and Settings. Below this is a search bar and a menu with options: Providers, Provider Portal, Resources, and Contact Us. The main content area has a dark blue background with medical icons. A white box titled "Provider Portal Login" contains the login form. A callout box labeled "Email Address and Password" has two orange arrows pointing to the "Email Address" and "Password" input fields. Another orange arrow points from the "Forgot password?" link to the "Log In" button, which is highlighted with an orange border. At the bottom of the login box, there is a link to "Join Medi-Cal Provider Portal" and a button labeled "Join Medi-Cal Provider Portal".

Provider Portal Login
Enter an email and password to login.

Email Address

Password

[Forgot password?](#) [Log In](#)

If you have an invitation or you are provisioned by your organization, select
Join Medi-Cal Provider Portal.

[Join Medi-Cal Provider Portal](#)

[Medi-Cal Provider Portal](#)

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Select An Organization

Select an organization

Account

Provider

Search By
Provider Legal Name

Search

Search

Fill in the needed search criteria to search for an organization

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Provider Portal Dashboard

HCS Medi-Cal Providers

Providers • Provider Portal • Resources • Contact Us

My Account • Notifications

Dashboard

Notifications
New Correspondence
2 notification(s)
Checkwrite Inquiry
6 notification(s)
+5 more

Transaction Center
Get Started

Administration
1 Organizations
Add an Org
5 Users
Add a User

Submitter Management
Medical Group
Active Submitter
0 Pending Requests

NPI Agreements and Settings
PIN Management
835 Receiver Management
Transactions Available
Presumptive Eligibility Provider Agreements

Correspondence Center
Access Medi-Cal provider correspondence
View Correspondence
Go Paperless

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SOC Verification

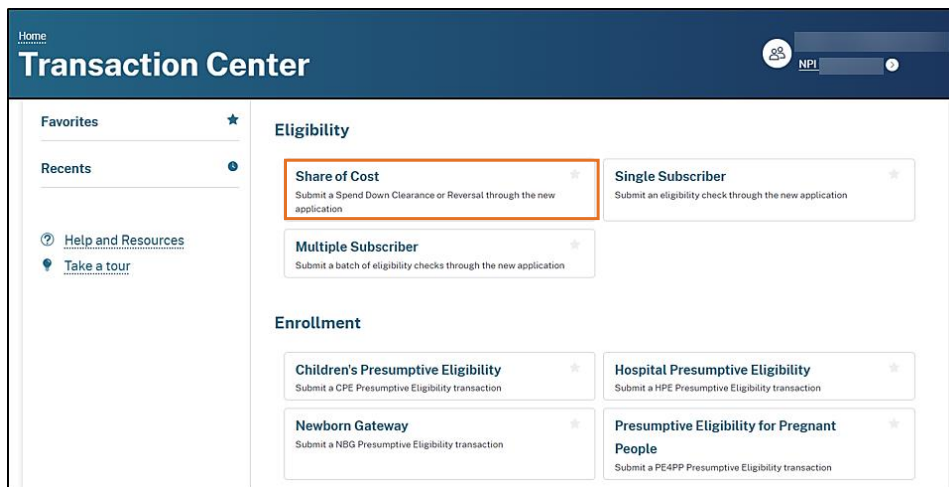
If a member has paid or obligated a SOC, it must be cleared. Providers can do this by logging into Transaction Center.

Providers have the option of applying or reversing a SOC by indicating which transaction they want to complete.

The provider can only reverse a SOC if the total SOC has not been cleared.

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SOC Verification



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SOC/Spend Down Clearance

Home / Transaction Center

Share of Cost (SOC)

0 Add or Switch Organization

SOC / Spend Down Clearance

*Indicates required field

SOC Application/Reversal

☒ SOC (Spend Down) Application
 ☐ SOC (Spend Down) Reversal

SOC (Spend Down) Transaction Detail

Subscriber ID * Issue Date *

Subscriber Birth Date * Service Date *

Procedure Code * Total Claim Charge Amount *

Case Number SOC (Spend Down) Amount Applied

Submit

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SOC/Spend Down Clearance Response

SOC/Spend Down Clearance Response

SOC/Spend Down Clearance transaction performed by 1043627060 on Thursday October 17th 2024 at 2:52:03 PM PST

☒ SUBSCRIBER LAST NAME: [REDACTED] SOC SPEND DOWN AMT REDUCED: \$1,100.00. REMAINING SOC SPEND DOWN \$1,100.00. SOC SPEND DOWN CLEARANCE APPLIED. MEDI-CAL SUBSCRIBER HAS A \$0.00 SOC SPEND DOWN, PART A, B MEDICARE COV W/ MEDICARE ID # BILL MEDICARE COVERED SVCS TO MEDICARE BEFORE MEDI-CAL.

Subscriber Name:	Subscriber ID:
Subscriber Birth Date:	Issue Date:
Procedure Code:	Total Claim Charge Amount:
Case Number:	Spend Down Amount Applied:
Primary Aid Code:	First Special Aid Code:
Second Special Aid Code:	Third Special Aid Code:
Responsible County:	Medicare ID:
Service Date:	Trace Number / Eligibility Verification Confirmation:
Spend Down Total Obligation:	Spend Down Total Remaining:

05/11/2024

\$1,200.00

\$1,100.00

New Eligibility Inquiry

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SOC Certification

Not Eligible

- For Medi-Cal benefits until monthly SOC dollar amount has been certified

Certification

- Verifies member has paid or obligated to pay for the entire monthly SOC amount

Eligibility Verification Confirmation Number

- Displayed in the Medi-Cal Eligibility Verification system message

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Obligation Payments

Obligated payment means the provider allows the member to pay for the services at a later date or through an installment plan:

- These payments may be used to clear a SOC.
- Obligation agreements are between the member and the provider and should be in writing, signed by both parties.

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Clearance Transaction

SOC clearance transaction should be conducted immediately

Delays of SOC clearance may prevent the member from receiving other services

To reverse SOC transactions, specify that the entry is a reversal transaction

Providers will receive confirmation when the reversal is complete

Once the SOC has been cleared, providers can no longer conduct a reversal

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Knowledge Check

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Scope of Coverage

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Long-Term Care (LTC) Scope of Coverage

Long-Term Care (LTC) facilities may be required to perform SOC clearance transactions when:

- A member with an unmet SOC is admitted, or
- A member's SOC exceeds the total charges of the Medi-Cal rate for a given month's stay

LTC facilities must perform an eligibility verification transaction every month for each Medi-Cal member residing in the facility.

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Obstetrics SOC

When the provider bills on a global basis for obstetric services, arrangements must also be made to collect or obligate the SOC for:

- Initial antepartum visit (HCPCS code Z1032) and
- Non-global obstetric services (for example, sonogram or amniocentesis)

Note: When the intent to bill globally is prevented because the patient moves or leaves care, providers bill on a fee-for-service basis and collect the SOC for each month.

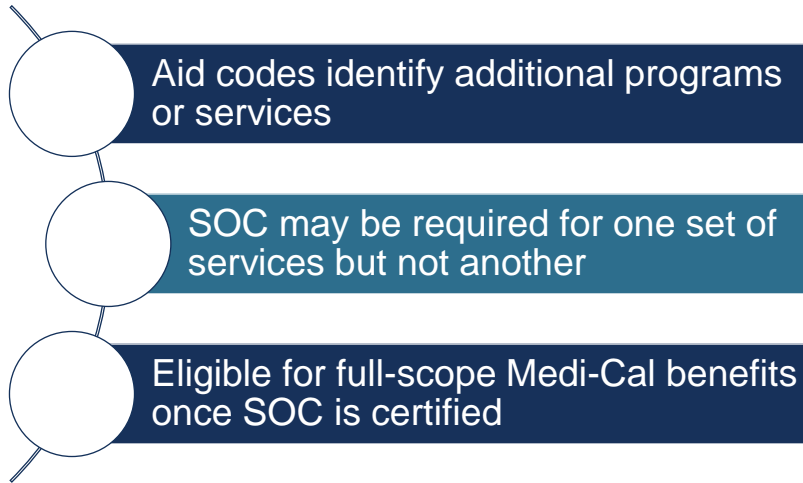
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Comprehensive Perinatal Services SOC

Members who choose to participate in the Comprehensive Perinatal Services Program (CPSP) and receive services are required to pay or obligate their SOC each month even if the obstetrical services are billed globally.

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Multiple Program Coverage



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Multiple Program Coverage

Example: Partial Eligibility message for recipient with multiple eligibility

SUBSCRIBER LAST NAME: [REDACTED], CNTY. CODE: 34, PRIMARY AID CODE: 48,
 MEDI-CAL ELIGIBLE FOR PREGNANCY/POSTPARTUM RELATED MEDICAL
 SVCS W/NO SOC.FOR ALL OTHER MEDI-CAL SVCS, RECIPT. HAS SOC OF
 \$50.00 REMAINING SOC \$ 50.00

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County Medical Services Program (CMSP)

SOC is calculated independently for CMSP and Medi-Cal; however, the same member income is included in both calculations.

Providers may apply the same services used to clear a Medi-Cal SOC obligation to clear a CMSP SOC obligation.

Two separate transactions are required.

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Medicare/Medi-Cal Crossover Claims

Some members who are entitled to Medicare also have Medi-Cal with a SOC:

- Member's liability is limited to Medicare deductible & co-insurance amount
- Collect Medicare deductible before collecting Medi-Cal SOC

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Knowledge Check

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Multiple Case Numbers

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Multiple Case Numbers

Eligibility messages may include multiple case numbers. When there are two or more case numbers in an eligibility verification message, they are listed in numerical order.

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Multiple Case Numbers

Members who have multiple case numbers listed in their eligibility message will receive the ***Share of Cost Case Summary*** form monthly:

- Providers must refer to the form to determine which case numbers correspond to which member
- Members who are in more than one SOC case will receive the form, which lists all of the cases for which the member may clear a SOC.

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Sneed V. Kizer Lawsuit

According to the **Sneed v. Kizer** lawsuit, a member’s eligibility and SOC must be determined using his/her own property. Children and spouses within the same family may have varying SOC’s and, therefore, multiple case numbers are listed on the *Share of Cost Case Summary* form.

SHARE OF COST CASE SUMMARY
CARRY THIS WITH YOU TO YOUR MEDICAL APPOINTMENTS
RESUMEN DEL CASO DE LA PARTE DEL COSTO
LLEVE ESTO CONSIGO A SUS CITAS MEDICAS

SUBSCRIBER NAME
1234 MAIN AVENUE
ANYTOWN, CA 99999-9999

THE SHARE OF COST FAMILY GROUPINGS for the month of _____ are:

This information is being sent to you because your medical expenses may be used to meet your share of cost, if any, or the share of cost of other family members. This is because you appear in more than one family group. Other family members may only use their medical expenses to meet their own share of cost for the month.

Se le envia esta informacion puesto que es posible que sus gastos medicos puedan utilizarse para cumplir con su parte del costo, si tiene alguna, o la parte del costo de otros miembros de la familia. Esto es debido a que usted aparece en mas de un grupo familiar. Otros miembros de la familia solo pueden utilizar sus gastos medicos para cumplir con su propia parte del costo para el mes. Las agrupaciones familiares para la parte del cost son.

BENEFICIARY NAME NOMBRE DEL BENEFICIARIO	MED'S ID NO. DE IDENT. DEL MEDS	AID CODE CLAVE de ASISTENCIA	BIRTHDATE DIA DE NACIMIENTO	SOC AMT CANTIDAD DEL SOC
CASE NUMBER/Numero de caso:	01-1234567-0			\$ 1,200.
Parent 1	37			
Parent 2	IE			
CASE NUMBER/Numero de caso:	01-1234567-A			\$ 1,200.
Child 1	37			
Parent 1	RR			
Parent 2	RR			
CASE NUMBER/Numero de caso:	01-1234567-B			\$ 100.
Child 2	37			
Parent 1	RR			

Unpaid Medical Expenses: Hunt V. Kizer

General Policy: Hunt V. Kizer:

- DHCS no longer imposes time limits on unpaid medical expenses Medi-Cal members may use to meet their SOC
- CMSP was not part of the Hunt V Kizer lawsuit, however CMSP adopted the court-ordered SOC changes to unpaid medical expenses

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Unpaid Medical Expenses: Johnson v. Rank

Johnson v. Rank LTC policy:

- Unpaid medical bills are still applied against current SOC for LTC patients. Continue to deduct from SOC the bills and receipts submitted within last 2 months.

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Knowledge Check

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Claim Form Completion

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CMS-1500 Claim Form: Fields 10d and 29

SOC amounts are entered in these fields of the CMS-1500 claim form:

- Claim Codes (**Box 10d**)

10d CLAIM CODES (Designated by NUGG)
500
- Amount Paid (**Box 29**)

29 TOTAL CHARGE	29 AMOUNT PAID
\$ 20 00	\$ 5 00

Enter full dollar and cents amount, even if the amount is even. Do not enter decimal points(.) or dollar signs(\$).

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UB-04 and SOC Placement

SOC amounts are entered in these fields of the UB-04 claim form:

- Code “23” (Field 39)
- Value Codes Amount

39	VALUE CODES	40	VALUE CODES	41	VALUE CODES
CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
23	5000				

Enter full dollar and cents amount, even if the amount is even. Do not enter decimal points(.) or dollar signs(\$).

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Example SOC Scenarios

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Scenario 1: Multiple Services Different Dates

A member with an abscess on her finger goes to the doctor's office. The doctor examines the finger and sends the patient home with some initial treatment instructions. The abscess does not clear up and she returns for an appointment to drain the abscess the next day. **The member has a \$40.00 SOC.**

Dates Service		Paid	SOC Cleared	SOC Balance
06/01/22	Office Visit	\$20.00	\$20.00	\$20.00
06/14/22	Office Visit	\$15.00	\$15.00	\$15.00
06/15/22	Drainage	\$20.00	\$5.00	
TOTAL:		\$ 55.00 minus \$40.00 = \$15.00		

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Claim Completion

What information would be submitted on this *CMS-1500* claim form?

8. INSURANCE PLAN NAME OR PROGRAM NAME		100. CLAIM CODES (Designated by NUCC) 500		9. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If yes, complete items 9, 9a, and 9b.</small>	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.					
13. PROVIDER'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below.					
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) DATE: MM DD YY QUAL: <input type="checkbox"/> Y <input type="checkbox"/> N		15. OTHER DATE DATE: MM DD YY QUAL: <input type="checkbox"/> Y <input type="checkbox"/> N		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM: MM DD YY TO: MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE NAME: <input type="checkbox"/> Y <input type="checkbox"/> N		17a. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM: MM DD YY TO: MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Retain A-I, to service line below (2HE)					
A. D1D1D1D		B. <input type="checkbox"/> L <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> 0		ICD 10th	
C. <input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L		D. <input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L		E. <input type="checkbox"/> L <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L	
24. A. DATES OF SERVICE From: MM DD YY To: MM DD YY		B. PLACE OF SERVICE 11		C. PROCEDURE, SERVICE, OR SUPPLIES 10060 AG	
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
28. TOTAL CHARGE \$ 20.00		29. MAXIMUM PAY \$ 5.00		30. Paid for NUCC Use	

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Scenario 2: Multiple Services on Same Date

A member requires speech therapy services and receives two speech therapy services on the same day. **Member has an \$85.00 SOC.**

Dates	Service	Amount	SOC Cleared
06/02/22	Speech Evaluation.	\$75.00	\$75.00
06/02/22	Speech Therapy	\$50.00	\$10.00

Total Charges: \$125.00 minus (SOC) \$85.00 = Reimbursement \$40.00

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Claim Completion

What information would be submitted on the *CMS-1500* claim form?

4. INSURANCE PLAN NAME OR PROGRAM NAME		100 CLAIM CODES (Designated by NUCC)		11. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
		8500		<input type="checkbox"/> YES <input type="checkbox"/> NO <small>If yes, complete items 9, 9a, and 9c.</small>	
12. PATIENTS OR AUTHORIZED PERSONS SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.					
13. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (AMP)		14. OTHER DATE		15. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	
MM DD YY		MM DD YY		FROM MM DD YY TO MM DD YY	
16. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17. NPI		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
				FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					
20. OUTSIDE LAST					
<input type="checkbox"/> YES <input type="checkbox"/> NO <small>\$ CHANGES</small>					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. Please A-L to service line below (JHE)					
A. ICD-10		B. ICD-10		C. ICD-10	
D. ICD-10		E. ICD-10		F. ICD-10	
G. ICD-10		H. ICD-10		I. ICD-10	
J. ICD-10		K. ICD-10		L. ICD-10	
M. ICD-10		N. ICD-10		O. ICD-10	
P. ICD-10		Q. ICD-10		R. ICD-10	
S. ICD-10		T. ICD-10		U. ICD-10	
V. ICD-10		W. ICD-10		X. ICD-10	
Y. ICD-10		Z. ICD-10		AA. ICD-10	
AB. ICD-10		AC. ICD-10		AD. ICD-10	
AE. ICD-10		AF. ICD-10		AG. ICD-10	
AH. ICD-10		AI. ICD-10		AJ. ICD-10	
AK. ICD-10		AL. ICD-10		AM. ICD-10	
AN. ICD-10		AO. ICD-10		AP. ICD-10	
AQ. ICD-10		AR. ICD-10		AS. ICD-10	
AT. ICD-10		AU. ICD-10		AV. ICD-10	
AW. ICD-10		AX. ICD-10		AY. ICD-10	
AZ. ICD-10		BA. ICD-10		BB. ICD-10	
BC. ICD-10		BD. ICD-10		BE. ICD-10	
BF. ICD-10		BG. ICD-10		BH. ICD-10	
BI. ICD-10		BJ. ICD-10		BK. ICD-10	
BL. ICD-10		BM. ICD-10		BN. ICD-10	
BO. ICD-10		BP. ICD-10		BQ. ICD-10	
BR. ICD-10		BS. ICD-10		BT. ICD-10	
BU. ICD-10		BV. ICD-10		BW. ICD-10	
BX. ICD-10		BY. ICD-10		BZ. ICD-10	
CA. ICD-10		CB. ICD-10		CC. ICD-10	
CD. ICD-10		CE. ICD-10		CF. ICD-10	
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CJ. ICD-10		CK. ICD-10		CL. ICD-10	
CM. ICD-10		CN. ICD-10		CO. ICD-10	
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CE. ICD-10		CE. ICD-10		CF. ICD-10	
CG. ICD-10		CG. ICD-10		CH. ICD-10	
CH. ICD-10		CH. ICD-10		CI. ICD-10	
CI. ICD-10		CI. ICD-10		CJ. ICD-10	
CJ. ICD-10		CJ. ICD-10		CK. ICD-10	
CK. ICD-10		CK. ICD-10		CL. ICD-10	
CL. ICD-10		CL. ICD-10		CM. ICD-10	
CM. ICD-10		CM. ICD-10		CN. ICD-10	
CN. ICD-10		CN. ICD-10		CO. ICD-10	
CO. ICD-10		CO. ICD-10		CP. ICD-10	
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CQ. ICD-10		CQ. ICD-10		CR. ICD-10	
CR. ICD-10		CR. ICD-10		CS. ICD-10	
CS. ICD-10		CS. ICD-10		CT. ICD-10	
CT. ICD-10		CT. ICD-10		CU. ICD-10	
CU. ICD-10		CU. ICD-10		CV. ICD-10	
CV. ICD-10		CV. ICD-10		CW. ICD-10	
CW. ICD-10		CW. ICD-10		CX. ICD-10	
CX. ICD-10		CX. ICD-10		CY. ICD-10	
CY. ICD-10		CY. ICD-10		CZ. ICD-10	
CZ. ICD-10		CZ. ICD-10		CA. ICD-10	
CA. ICD-10		CA. ICD-10		CB. ICD-10	
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CI. ICD-10		CI. ICD-10		CJ. ICD-10	
CJ. ICD-10		CJ. ICD-10		CK. ICD-10	
CK. ICD-10		CK. ICD-10		CL. ICD-10	
CL. ICD-10		CL. ICD-10		CM. ICD-10	
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CN. ICD-10		CN. ICD-10		CO. ICD-10	
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CO. ICD-10		CO. ICD-10		CP. ICD-10	
CP. ICD-10		CP. ICD-10		CQ. ICD-10	
CQ. ICD-10		CQ. ICD-10		CR. ICD-10	
CR. ICD-10		CR. ICD-10		CS. ICD-10	
CS. ICD-10		CS. ICD-10		CT. ICD-10	
CT. ICD-10		CT. ICD-10		CU. ICD-10	
CU. ICD-10		CU. ICD-10		CV. ICD-10	
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CC. ICD-10		CC. ICD-10		CD. ICD-10	
CD. ICD-10		CD. ICD-10		CE. ICD-10	
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CG. ICD-10		CG. ICD-10		CH. ICD-10	
CH. ICD-10		CH. ICD-10		CI. ICD-10	
CI. ICD-10		CI. ICD-10		CJ. ICD-10	
CJ. ICD-10		CJ. ICD-10		CK. ICD-10	
CK. ICD-10		CK. ICD-10		CL. ICD-10	
CL. ICD-10		CL. ICD-10		CM. ICD-10	
CM. ICD-10		CM. ICD-10		CN. ICD-10	
CN. ICD-10		CN. ICD-10		CO. ICD-10	
CO. ICD-10		CO. ICD-10		CP. ICD-10	
CP. ICD-10		CP. ICD-10		CQ. ICD-10	
CQ. ICD-10		CQ. ICD-10		CR. ICD-10	
CR. ICD-10		CR. ICD-10		CS. ICD-10	
CS. ICD-10		CS. ICD-10		CT. ICD-10	
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CZ. ICD-10		CZ. ICD-10		CA. ICD-10	
CA. ICD-10		CA. ICD-10		CB. ICD-10	
CB. ICD-10		CB. ICD-10		CC. ICD-10	
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CE. ICD-10		CE. ICD-10		CF. ICD-10	
CF. ICD-10		CF. ICD-10		CG. ICD-10	
CG. ICD-10		CG. ICD-10		CH. ICD-10	
CH. ICD-10		CH. ICD-10		CI. ICD-10	
CI. ICD-10		CI. ICD-10		CJ. ICD-10	
CJ. ICD-10		CJ. ICD-10		CK. ICD-10	
CK. ICD-10		CK. ICD-10		CL. ICD-10	
CL. ICD-10		CL. ICD-10		CM. ICD-10	
CM. ICD-10		CM. ICD-10		CN. ICD-10	
CN. ICD-10		CN. ICD-10		CO. ICD-10	
CO. ICD-10		CO. ICD-10		CP. ICD-10	
CP. ICD-10		CP. ICD-10		CQ. ICD-10	
CQ. ICD-10		CQ. ICD-10		CR. ICD-10	
CR. ICD-10		CR. ICD-10		CS. ICD-10	
CS. ICD-10		CS. ICD-10		CT. ICD-10	
CT. ICD-10		CT. ICD-10		CU. ICD-10	
CU. ICD-10		CU. ICD-10		CV. ICD-10	
CV. ICD-10		CV. ICD-10		CW. ICD-10	
CW. ICD-10		CW. ICD-10		CX. ICD-10	
CX. ICD-10		CX. ICD-10		CY. ICD-10	
CY. ICD-10		CY. ICD-10		CZ. ICD-10	
CZ. ICD-10		CZ. ICD-10		CA. ICD-10	
CA. ICD-10		CA. ICD-10		CB. ICD-10	
CB. ICD-10		CB. ICD-10		CC. ICD-10	
CC. ICD-10		CC. ICD-10		CD. ICD-10	
CD. ICD-10		CD. ICD-10		CE. ICD-10	
CE. ICD-10		CE. ICD-10		CF. ICD-10	
CF. ICD-10		CF. ICD-10		CG. ICD-10	
CG. ICD-10		CG. ICD-10		CH. ICD-10	
CH. ICD-10		CH. ICD-10		CI. ICD-10	
CI. ICD-10		CI. ICD-10		CJ. ICD-10	
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CK. ICD-10		CK. ICD-10		CL. ICD-10	
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CQ. ICD-10		CQ. ICD-10		CR. ICD-10	
CR. ICD-10		CR. ICD-10		CS. ICD-10	
CS. ICD-10		CS. ICD-10		CT. ICD-10	
CT. ICD-10		CT. ICD-10		CU. ICD-10	
CU. ICD-10		CU. ICD-10		CV. ICD-10	
CV. ICD-10		CV. ICD-10		CW. ICD-10	
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CZ. ICD-10		CZ. ICD-10		CA. ICD-10	
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CF. ICD-10		CF. ICD-10		CG. ICD-10	
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CH. ICD-10		CH. ICD-10		CI. ICD-10	
CI. ICD-10		CI. ICD-10		CJ. ICD-10	
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CK. ICD-10		CK. ICD-10		CL. ICD-10	
CL. ICD-10		CL. ICD-10		CM. ICD-10	
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CN. ICD-10		CN. ICD-10		CO. ICD-10	
CO. ICD-10		CO. ICD-10		CP. ICD-10	
CP. ICD-10		CP. ICD-10		CQ. ICD-10	
CQ. ICD-10		CQ. ICD-10		CR. ICD-10	
CR. ICD-10		CR. ICD-10		CS. ICD-10	
CS. ICD-10		CS. ICD-10		CT. ICD-10	
CT. ICD-10		CT. ICD-10		CU. ICD-10	
CU. ICD-10		CU. ICD-10		CV. ICD-10	
CV. ICD-10		CV. ICD-10		CW. ICD-10	
CW. ICD-10		CW. ICD-10		CX. ICD-10	
CX. ICD-10		CX. ICD			

What information would be submitted on the **UB-04** claim form?

30 DATE		31 TIME CODES (HOURS)		32 VALUE CODES (HOURS)		33 VALUE CODES (HOURS)		34 CODE		35 VALUE CODES (HOURS)																																																																																																																																					
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42 PREV. CO. CODE DESCRIPTION				44 HCPCS / RATE / HOURS CODE				45 SERV. DATE				46 SERV. LIMITS				47 CUMULATIVE TOTALS				48 HIGH-COVERED CHARGES				49																																																																																																																							
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53 INSURED'S NAME												54 INSURED'S UNIQUE ID												55 GROUP NAME												56 INSURANCE GROUP ID																																																																																																											
57 TREATMENT AUTHORIZATION CODES												58 DOCUMENT CONTROL NUMBER												59 EMPLOYER NAME																																																																																																																							
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Dates	Service	Amount	SOC Cleared
06/18/22	ER Use (Z7502)	\$50.00	\$60.00
06/18/22	Panel Test (80061)	\$30.00	
06/18/22	Amino Acid (82127)	\$15.00	
06/18/22	Collection/Handling (99000)	\$5.00	
06/18/22	ER Use (Z7502)	\$24.50	
		\$124.50	\$60.00

Total Charges: \$124.50 minus (SOC) \$60.00 = **Reimbursement \$64.50**

Claim Completion

What information will be submitted on this outpatient UB-04 claim form?

41 REV. CODE	42 DESCRIPTION	43 HCPCS CODE / ICD-9 CODE	44 SERV. DATE	45 SERV. UNITS	46 TOTAL CHARGES	47 NON-COVERED CHARGES
		Z7502	061822		5000	
		80051	061822		3000	
		82127	061822		1500	
		99000	061822		500	
		Z7502	061822		2450	
TOTALS					12450	

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References

Provider Manual References:

Part 1

County Medical Services Program (CMSP) (county med)

Share of Cost (SOC) (share)

Part 2

Share of Cost (SOC): CMS-1500 (share cms)

Share of Cost (SOC): UB-04 for Inpatient Services (share ip)

Share of Cost (SOC): UB-04 for Long Term Care (share ltc)

Share of Cost (SOC): UB-04 for Outpatient Services (share op)

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Resources

- [Medi-Cal Provider Website](#)
 - Provider Manuals and Provider Bulletins
 - Medi-Cal Subscription Service (MCSS)
- [Medi-Cal Learning Portal \(MLP\)](#)
- Telephone Services Center (TSC): 1-800-541-5555
- Provider Field Representatives
- Claims Assistance Room (CAR)
- Small Provider Billing Assistance and Training (SPBU):
1-916-636-1275

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Acronyms

Acronym	Description
CAR	Claims Assistance Room
CIF	Claims Inquiry Form
CMSP	County Medical Services Program
CPSP	Comprehensive Perinatal Services Program
DHCS	Department of Health Care Services
EVC	Eligibility Verification Confirmation
HCPCS	Healthcare Common Procedure Coding System
IE	Ineligible
LTC	Long-Term Care

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Acronyms

Acronym	Description
MCSS	Medi-Cal Subscription Service
MLP	Medi-Cal Learning Portal
NPI	National Provider Identifier
RR	Responsible Relative
SOC	Share of Cost
SPBU	Small Provider Billing Unit
TSC	Telephone Service Center

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Objectives Met

- Defined the SOC process
- Explained how aid codes and/or specific services may relate to SOC
- Identified how Medi-Cal claims will reflect SOC clearance information
- Reviewed the *Share of Cost Case Summary* form

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Share of Cost (SOC)