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

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This section explains how to complete claims for services rendered to recipients who paid or obligated to pay a Share of Cost (SOC). The procedure codes used in the following examples are for illustration purposes only and may not be reimbursable to all provider types. Refer to the *Share of Cost (SOC)* section in the Part 1 manual for an explanation of SOC and how to determine the following:

- If a recipient must pay an SOC
- The SOC amount a recipient must pay
- If the recipient's SOC is certified for the month

Where to Enter SOC on UB-04 Claim Form

SOC is entered in the *Value Codes and Amounts* field (Boxes 39 thru 41). Value code “23” in the “code” column of the field designates that the corresponding “amount” column contains the Share of Cost. In the following example, the Share of Cost amount of \$50.00 is entered as 5000. Do not enter decimal points or dollar signs. Enter full dollar and cents amounts, even if the amount is even. Use only one claim line for each service billed. Refer to the *UB-04 Completion: Inpatient Services* section of this manual for additional information

This is a sample only. Please adapt to your billing situation.

38																					
39 VALUE CODES CODE AMOUNT			40 VALUE CODES CODE AMOUNT			41 VALUE CODES CODE AMOUNT															
a 23 5000																					
b																					
c																					
d																					
42 REV. CD.		43 DESCRIPTION			44 HCPCS / RATE / HIPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49						
1											180000				1						
2															2						
3															3						
4															4						
5															5						
6															6						
23		001		PAGE OF		CREATION DATE		TOTALS		180000				23							
50 PAYER NAME				51 HEALTH PLAN ID				52 REL INFO		53 ASG DEN.		54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI					
														175000		0123456789					
A																A					
B																B					
C																C					
58 INSURED'S NAME				59 PREL		60 INSURED'S UNIQUE ID				61 GROUP NAME				62 INSURANCE GROUP NO.							
A																					
B																					
C																					
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME													
A																					
B																					
C																					
66 DX		67		A		B		C		D		E		F		G		H		68	
I		J		K		L		M		N		O		P		Q					
69 ADMIT DX		70 PATIENT REASON DX		a		b		c		71 FPS CODE		72 EQ		a		b		c		73	
74 PRINCIPAL PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE		75		76 ATTENDING NPI		QUAL					
														LAST		FIRST					
OTHER PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE		OTHER PROCEDURE CODE		DATE				77 OPERATING NPI		QUAL					
														LAST		FIRST					
80 REMARKS				81 CC a										78 OTHER NPI		QUAL					
				b										LAST		FIRST					
				c										79 OTHER NPI		QUAL					
				d										LAST		FIRST					

Figure 1: Share of Cost Amount in Value Codes and Amounts Field (Boxes 39, 40 and 41).

Inpatient SOC Transactions

When a hospital inpatient stay occurs during the Share of Cost (SOC) certification period, the amount of SOC paid or obligated by the recipient toward the total bill is entered on the claim. In many instances, the recipient's total liability may be applied to an inpatient claim. Other instances may occur where a recipient has previously paid or obligated a portion of the SOC to another provider and only the remaining portion is applied to the inpatient claim.

Reminder: Several clearance transactions may be required to fully certify SOC. Providers should perform an SOC clearance transaction immediately upon receiving payment or accepting obligation. Claims submitted for services rendered to recipients whose SOC is not certified through the Medi-Cal eligibility verification system will be denied. Refer to the *Share of Cost (SOC)* section in the Part 1 manual for information.

In this example, the recipient has a \$100 SOC. She pays \$50 to Provider Number 1, who performs an SOC clearance transaction for \$50. The remaining \$50 is paid or obligated to the hospital staff (Provider Number 2), who perform a second SOC clearance transaction. The recipient's SOC is now fully certified.

Cost of services rendered totals \$3430.50. To bill, enter the \$3430.50 service fee in the *Total Charge* field (Box 47). Enter Code 001 in the *Revenue Code* column (Box 42, line 23) to designate that this is the total charge line and enter the totals of all charges in *TOTALS* (Box 47, line 23). Enter the amount of the patient's Share of Cost applied toward the inpatient service fee (\$50) in the *Value Codes and Amounts* field (Boxes 39 thru 41). Enter value code "23" in Box 39A and the difference between Box 47 and Box 39 (\$3380.50) in the *Estimated Amount Due* field (Box 55).

This is a sample only. Please adapt to your billing situation

38										39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
										a	23	5000			
										b					
										c					
										d					
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE			45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49						
1						9	343050								
2															
3															
4															
5															
6															
23 001		PAGE OF		CREATION DATE		TOTALS		343050		23					
50 PAYER NAME			51 HEALTH PLAN ID		R2 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	0123456789					
A I/P MEDI-CAL								338050	57						
B									OTHER						
C									PRV ID						
58 INSURED'S NAME			59 P.FEL.	60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.							
A															
B															
C															
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER				65 EMPLOYER NAME							
A															
B															
C															
66 DX	67	A	B	C	D	E	F	G	H	68					
		J	K	L	M	N	O	P	Q						
69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 FPS CODE	72 ECI	a	b	c	73					
74 PRINCIPAL PROCEDURE CODE	DATE	3.	OTHER PROCEDURE CODE	DATE	b.	OTHER PROCEDURE CODE	DATE	75	76 ATTENDING NPI	QUAL					
									LAST	FIRST					
c.	OTHER PROCEDURE CODE	DATE	d.	OTHER PROCEDURE CODE	DATE	a.	OTHER PROCEDURE CODE	DATE	77 OPERATING NPI	QUAL					
									LAST	FIRST					
									78 OTHER NPI	QUAL					
									LAST	FIRST					
									79 OTHER NPI	QUAL					
									LAST	FIRST					
80 REMARKS			B1CC a												
PREVIOUSLY PAID SOC			b												
\$50. SOC PORTION APPLIED TO			c												
INPATIENT CLAIM, \$50. TOTAL			d												
RECIPIENT SOC \$100.															
<small>UB-04 CMS-1450 © 2005 INUBC OMB APPROVAL PENDING NUBCSM National Uniform Billing Committee LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.</small>															

Figure 2: Share of Cost (SOC) Amount in Value Codes and Amounts Fields (Boxes 39, 47 and 55).

Box 80: Record Keeping

For record keeping purposes only and to help reconcile payment on the *Remittance Advice Details* (RAD), providers may show in the *Remarks* field (Box 80) the SOC amount that the recipient paid or obligated.

RAD Payment Summary

Share of Cost claims are reviewed prior to payment. The recipient’s SOC is applied by the State to pay the \$3430.50 service, which appears in the “Approved” group as partially paid. The Medi-Cal allowed amount for this service is reduced by the remaining SOC amount. RAD code 408 indicates payment was reduced because of recipient liability.

<<Legend>>

<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.