

# Bulletin

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### Training Seminars

[Reserve an available spot](#) for one  
of our open training seminars.

Webinar  
Basic & EDI/D592 - Dec. 9, 2015

### Provider Enrollment Assistance Line

Speak with an Enrollment  
Specialist. [Go here for more  
information!](#)

Wednesday, Dec. 16, 8 am - 4 pm.

## Hospital and Ambulatory Surgical Center Processing Fees

This bulletin is a reminder to providers that **processing fees** related to coordinating a beneficiary's treatment at a hospital or ambulatory surgery center, such as any reimbursements for scheduling the hospital or ambulatory surgery center, and/or an anesthesiologist, transporting equipment, and set-up/break-down **are always included in the procedure fees**. Therefore, it is against the law for providers to separately bill these processing fees to either Denti-Cal or to beneficiaries pursuant to Title 22, California Code of Regulations (CCR), Section 51470 (d).

The Manual of Criteria for Procedure D9420 states:

### PROCEDURE D9420 HOSPITAL OR AMBULATORY SURGICAL CENTER CALL

1. The operative report for payment – shall include the total time in the operating room or ambulatory surgical center.
2. A benefit for each hour or fraction thereof as documented on the operative report.
3. Not a benefit:
  - a. for an assistant surgeon.
  - b. for time spent compiling the patient history, writing reports or for post-operative or follow up visits.

Pre-operative examination, processing, transportation and set-up fees are also included in the fee for Procedure D9420.

If you have any questions, please call the Denti-Cal Provider Service line at 800-423-0507.

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## Providers May Not Bill Beneficiaries for Covered Services

Providers **may not** submit a claim to, or demand or otherwise collect reimbursement from, a Medi-Cal beneficiary, or from other persons on behalf of the beneficiary, for any procedure that is a covered Denti-Cal benefit (other than Share of Cost). Providers **may** bill beneficiaries for non-covered procedures only if the beneficiary understands that the procedure is not covered by Denti-Cal and that the beneficiary will be responsible for the payment of the procedure. Providers may not bill beneficiaries for any denied services other than those services denied for not being a benefit of the program.

On the Medi-Cal application every provider signed an agreement to not collect reimbursement from a Medi-Cal beneficiary for any service included in the Denti-Cal program's scope of benefits.

Please refer to Section 51002 of [Title 22 of the California Code of Regulations, Title 42, Volume 3, of the Code of Federal Regulations Section 447.15](#), and [Welfare & Institutions Code Section 14107.3](#) for statutes and regulations governing this policy. Additional billing information is found in "Section 2- Program Overview" in the "[Billing and Payment Policies](#)" section of the Provider Handbook.

For questions, please contact the Denti-Cal Provider Customer Service line at (800) 423-0507.



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