

Denti-Cal Bulletin



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Billing Beneficiaries for Covered Services

Please Note: Denti-Cal Bulletin Volume 23, Number 10, Page 3 contained a misprint of the Code of Federal Regulations. Please refer to this bulletin for correct information. Our apologies for any confusion incurred.

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 service (other than Share of Cost). Section 51002 of Title 22 of the California Code of Regulations specifically prohibits billing or collecting from Medi-Cal beneficiaries for services included in the Medi-Cal Dental Program scope of benefits, except for those patients who have a fiscal liability to obtain and/or maintain eligibility requirements.

In addition, Title 42, Volume 3, of the Code of Federal Regulations, reads as follows:

“Section 447.15 Acceptance of State payment as payment in full.

“A State plan must provide that the Medicaid agency must limit participation in the Medicaid program to providers who accept, as payment in full, the amounts paid by the agency plus any deductible, coinsurance or copayment required by the plan to be paid by the individual. However, the provider may not deny services to any eligible individual on account of the individual’s inability to pay the cost sharing amount imposed by the plan in accordance with Sec. 431.55(g) or Sec. 447.53. The previous sentence does not apply to an individual who is able to pay. An individual’s inability to pay does not eliminate his or her liability for the cost sharing charge.”

Finally, Welfare & Institutions Code reads:

“14107.3 Any person who knowingly and willfully charges, solicits, accepts, or receives, in addition to any amount payable under this chapter, any gift, money, contribution, donation, or other consideration as a precondition to providing services or merchandise to a Medi-Cal beneficiary for any service or merchandise in the Medi-Cal’s program under this chapter or Chapter 8 (commencing with Section 14200), except either:

“(1) To collect payments due under a contractual or legal entitlement pursuant to subdivision (b) of Section 14000; or

“(2) To bill a long-term care patient or representative for the amount of the patient’s share of the cost; or

“(3) As provided under Section 14019.3, is punishable under a first conviction by imprisonment in the county jail for not longer than one year or state prison, or by a fine not to exceed ten thousand dollars (\$10,000), or both such imprisonment and fine. A second or subsequent conviction shall be punishable by imprisonment in the state prison.”

Please Note: Providers may only bill beneficiaries their usual, customary, and reasonable fees if the \$1,800 limit per calendar year for beneficiary services (dental cap) has been met and nothing has been paid on a procedure.

For questions regarding any of the above, please contact Denti-Cal toll-free at (800) 423-0507.