

Denti-Cal Bulletin



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PO Box 15609 Sacramento, CA 95852-0609
(800) 423-0507

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. Providers can only bill the patient for a dental procedure if the procedure is not a benefit or if the \$1800 cap is met or exceeded.

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. For questions, please contact the Denti-Cal Telephone Service Center at (800) 423-0507.