

**DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION  
CALIFORNIA EMERGENCY DEPARTMENT AND  
AMBULATORY SURGERY PATIENT DATA REPORTING MANUAL, FIFTH EDITION**

**TOTAL CHARGES**

**Section 97268**

***Total Charges is defined as all charges for services rendered during the encounter for patient care at the facility, based on the facility's full established rates. Charges shall include, but not be limited to, ancillary services and any patient care services. Physician fees shall be excluded. Prepayment (e.g., deposits and prepayments) shall not be deducted from Total Charges.***

**DISCUSSION**

<b>TOTAL CHARGES</b>							
<i>(Report whole dollars only, right justified)</i>							

**Reporting Requirements:**

When there are no charges (no bill generated) for the encounter, \$1 should be reported.

Charges should be rounded to the nearest dollar.

Total Charges are the amount billed for the encounter at full established rates (before contractual adjustments or bad debt write-off).

**Examples of charges to be included:**

- Ancillary services
- Other services defined as patient care
- Prepayments (e.g., deposits)

**Examples of charges to be excluded:**

- |                            |                              |
|----------------------------|------------------------------|
| Physician fees             | Guest trays                  |
| Television                 | Telephone                    |
| Take-home drugs            | Follow-up home health visits |
| Ambulance services or fees |                              |

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Physician Professional Component:

When the facility bills patients for physician services and remits a fee to the physician, whether the fee is in the form of a salary or a percentage of the total charges, the fee must be excluded from total charges.