

Non-Covered Services

The definitions of covered and non-covered services are important within a contract.

Example contract language: “Covered Services means dental services and supplies for which benefits are provided under an Enrollee Contract.”

In the above example, there is no clear list of covered services in the contract apart from this vague definition. You should ask your provider relations representative for copies of all documents before an agreement is signed.

It is important to know whether you can charge the patient your full fee when the service is not covered for other reasons. For example, if the patient exceeds annual maximum coverage limits or if the service is simply excluded under the plan. Many contracts do not address how non-covered services are treated. You may want clarification.

It's imperative that network dentists note, and at times to communicate with insured patients, that a denied claim does not necessarily mean the service wasn't necessary or beneficial. It simply means that that procedure wasn't a covered benefit under the patient's plan. Plan communications to patients should indicate when a procedure is not covered under the plan and should not imply that the procedure was unnecessary.

Know What Your Contract Says

If you signed a participating provider agreement with a dental plan that has a non-covered services provision, and there are no statutes in your state to prevent it, then you may be contractually bound to only charge the patient the dental plan's maximum allowable fee for the non-covered procedure(s).

Many dentists question the fairness of this provision. ADA staff has been continually working with state dental societies on non-covered services legislation and 42 states have passed legislation preventing dental plans from capping what a dentist can charge a patient for a non-covered service. This means that you could charge your full fee in this scenario. If your state has not passed this type of legislation, it is recommended you contact your state dental society for assistance.

List of States with Non-covered Services Legislation

Alabama / Alaska / Arizona / Arkansas / California / Colorado / Connecticut / Florida / Georgia / Idaho / Illinois / Indiana / Iowa / Kansas / Kentucky / Louisiana / Maryland / Minnesota / Mississippi / Missouri / Montana / Nebraska / Nevada / New Hampshire / New Mexico / New Jersey / North Carolina / North Dakota / Oklahoma / Oregon / Pennsylvania / Rhode Island / South Dakota / Tennessee / Texas / Utah / Vermont / Virginia / Washington / West Virginia / Wisconsin / Wyoming

Non-Billable Services: Advocacy and Resources

If the contract stipulates that reimbursement for the procedure is non-billable, then the claim will be denied and the participating dentist also cannot bill the patient for the procedure. This makes it very important to note the contract language and processing policies for every plan you are contracted with.

The ADA has met with and sent two letters to Delta Dental – voicing our opposition to this clause. Articles have also been written in *ADA News* and *JADA*. The United Concordia (UCCI) situation is an ADA advocacy success story. UCCI will allow dentists to bill for a non-billable procedure if the dentist explains to the patient that the procedure is not covered and the patient signs a consent form. The UCCI form must be very specific stating the exact procedure and fee involved.

The ADA has also created a [sample form for third party payer payment](#) (go to the 6th FAQ) that dental offices may customize to meet their particular needs. Additional information on other valuable educational ready-to-use resources on innovative dental insurance solutions for dentists can be found at [ADA.org/dentalinsurance](https://ada.org/dentalinsurance).