

A dental plan may not allow benefits for all treatment options. A least expensive alternative treatment (LEAT) provision is a limitation found in many plans which reduces benefits to the least expensive of other possible treatment options as determined by the benefit plan design, even when the dentist and patient agree that a particular treatment is in the patient's best interest.

Generally, when a dentist signs a participating provider agreement (i.e., contract), he or she has agreed to abide by the dental plan's processing policies which are used to control costs. These policies are typically not found in the agreement itself, but can generally be found in the dentist's providers manual or on the payer's online portal.

An Example of a LEAT Clause Provision

The dentist may recommend a fixed bridge, but the plan may only allow reimbursement for a removable partial denture. The benefit plan will provide coverage, but will only provide a benefit for the less expensive treatment.

In these instances when this occurs, the patient may not always understand the payer's least expensive treatment policy, and what the out of pocket costs are until the explanation of benefits (EOB) statement is received. In some cases, the LEAT provision in the benefit policy may cause the patient to select a less than optimal treatment due to cost.

It is also important to note that appealing a claim may not always result in greater reimbursement but could simply help prevent misperceptions by the patient. And remember the only proper action is for the dentist to code for what he or she does.

The amount a dentist can bill the patient depends on whether or not the dentist has signed a participating provider agreement with the dental plan. The explanation of benefits (EOB) statement should specify the patient's out-of-pocket responsibility. In the above scenario, an out-of-network dentist can bill up to his/her full fee for all of the submitted procedures.

Resources for Dentists

If you feel that the claim was not properly adjudicated, you should appeal the adverse decision with the dental plan in writing. Learn how to file a [proper claims appeal](#). You may want to call the plan using the toll free telephone number provided on the patient's identification card for further questions and assistance.

Another important resource the ADA offers is the [Contract Analysis Service](#). Members may submit an unsigned contract to their state or local dental societies who will forward it to the Service for a free analysis. The Service provides a plain language explanation of contract terms of each agreement analyzed. The Service does not provide legal advice or recommend whether a contract should or should not be signed.

In addition, it is recommended that patients impacted by these policies consult with their human resources department to determine their entitled level of benefit prior to treatment.

For additional educational, ready-to-use information on handling other dental insurance issues, visit [ADA.org/dentalinsurance](https://www.ada.org/dentalinsurance).