

WHY DOESN'T MY INSURANCE PAY FOR THIS?

Our office has put together frequently asked questions, to help you, our patient navigate your care with your insurance carrier.

What is UCR (Usual, Customary and Reasonable)?

Usual, customary and reasonable charges (UCR) are the maximum amounts that will be covered by the plan for eligible services. The plan pays an established percentage of your periodontist's fee or pays the plan sponsor's "customary" fee limit, whichever is less. Should this charge exceed the plan's customary fee, this does not mean your periodontist has overcharged for the procedure. Why? There are no regulations as to how insurance companies determine reimbursement levels, resulting in wide fluctuations. In addition, insurance companies are not required to disclose how they determine "usual, customary and reasonable" charges.

What is my annual maximum and how is it determined?

Most dental programs have an annual dollar maximum. That is the maximum dollar amount a dental plan will pay toward the cost of dental care within a specific benefit period, usually the plan year. This varies according to your specific plan. The plan purchaser/ employer makes the final decision on "maximum levels" of reimbursement through the contract with the insurance company. The patient is usually responsible for paying the costs above the annual maximum.

What is a pre-existing condition?

Just like medical insurance, a dental plan may not cover conditions that existed before the patient enrolled in the plan. For example, plans may have a "missing tooth" exclusion. Benefits will not be paid for replacing a tooth that was missing prior to the effective date of coverage. This decision should be between you and your periodontist. Even though your plan may not cover certain conditions, treatment may still be necessary.

What are treatment exclusions?

A dental plan may not cover certain procedures of preventative treatments. This does not mean that these treatments are unnecessary. Patients need to be aware of the exclusions and limitations in their dental plan but should not let those factors determine their treatment decisions. Your periodontist can help you decide what type of treatment is best for you.

What are plan frequency limitations?

Certain procedures may simply not be covered as often as necessary for optimal oral health. A common example might be a plan that pays for hygiene maintenance only twice a year even though the patient requires cleaning every three months. Limitations may vary depending on the contract purchased. Limitations in coverage are the result of financial commitment the plan sponsor has agreed to make and the benefits the third party payer will offer for that commitment.

What if my treatment plan is deemed not dentally necessary?

The plan provides benefits for those services and materials that it considers to be dentally necessary and meet generally accepted standards of care. Based on the information your periodontal office submits, the service may not appear to meet the plan criteria and no benefit may be allowed. This does not mean that the services were not necessary. You can appeal the benefit decision by submitting relevant information. Your periodontal office can help by giving you the information requested by the insurance carrier. The claim, along with the submitted relevant information should be reviewed by the plan's dental consultant.

What is an EOB-explanation of benefits?

An EOB is a written statement to a beneficiary, from a third party payer, after a claim has been reported, indicating the benefit/charges covered or not covered by your dental plan. In those instances where the plan makes partial payment directly to the dentist, the remaining portion for which the patient is responsible should be prominently noted in the EOB. Any difference between the fee charged and the benefit paid may be due to limitations in the dental plan contract. Typical information reported on an EOB includes: 1) the treatment reported on the submitted claim by the ADA procedure code and the name of the treatment; and 2) how these benefits were determined based on the above information.