



Reimbursement for Non-Covered Services

The State of Arizona has approved legislation prohibiting dental insurers from requiring a contracted dentist to accept a discount to their original submitted charges (Delta Dental of Arizona's approved amount) for any service that is not covered (non-covered) under the member's policy. The contracted dentist is required to accept Delta Dental of Arizona's approved amount for covered services only.

Definition of Covered Service: Services for which any reimbursements is available under a member's policy, regardless of whether the reimbursement is contractually limited by a deductible, co-payment, coinsurance, waiting period, annual or lifetime maximum, frequency, alternative benefit payment or other limitations.

The patient's liability for non-covered services is between the dentist and the patient. Delta Dental of Arizona cannot limit the amount the dentist charges or determine the patient's liability for non-covered services.

Examples of covered and non-covered services

Covered services – approved amounts do apply (*even if no payment is made for the following reasons*):

- Age or frequency limitations
- Waiting period
- Alternate benefit is provided based on the contract language or professional review (amalgam benefit provided toward a composite filling, filling benefit provided toward an inlay/onlay/crown, etc.)
- Considered to be a part of a more comprehensive procedure or that of Delta Dental of Arizona's processing policies (local anesthetic, crown lengthening performed on the same day as a crown, etc.)

Non-covered services – approved amount limitations do NOT apply to:

- Procedures that are not or would never be covered under the plan (oral hygiene instructions, provisional procedures, etc.)
- Major procedures if the plan does not have major coverage; basic procedures if the plan does not have basic coverage.