

# Fee Capping Legislation Map

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A non-covered service is a dental treatment or service that is not covered or reimbursed by the patient's dental benefit plan. When a patient receives a treatment that is considered to be a non-covered service, he or she is responsible for paying for the service. Even though the patient is responsible for payment, the practice fee may still be controlled by a contracted plan's fee schedule, unless your state has adopted a fee capping law.

Thirty-six states have now passed a law prohibiting fee capping. In those states, PPO plans cannot control fees for non-covered services provided for patients covered under fully insured plans that are regulated by state law. However, laws prohibiting fee capping do not apply to federal or self-funded (ERISA) plans. More patients fall under the self-funded (ERISA) plans than traditional insurance plans.

The following is a map indicating those states that have passed a law prohibiting fee capping. Keep in mind that insurance plans are governed by the state in which they are purchased, not the state in which the insured lives.

