

Statement on Third Party Payer Reimbursement for Temporary Procedures

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The American Dental Association (ADA) recommended on March 16, 2020 that dentists restrict their practices to all but urgent and emergency care. This recommendation was later extended until April 30 at the earliest. The intent of the recommendation was to observe social distancing, help mitigate the spread of the 2019 Novel Coronavirus, conserve essential personal protective equipment (PPE) for medical frontline colleagues, and avoid the need for patients requiring emergency dental treatment to seek care from overburdened hospital emergency departments. The overwhelming majority of dental offices adhered to these recommendations and either closed or limited their practices to emergent and urgent care.

During this time, many patients received temporary or palliative care and extra oral imaging as a means to address emergency issues in the best interest of the patient during the COVID-19 pandemic. We anticipate that these patients will be provided more definitive care as dental offices across the country slowly return to regular operations.

Third party benefit programs should not bundle the fee for the temporary procedure with the payment for the permanent procedure that may be submitted in the future. Further, these programs should not establish arbitrary frequency limits that are not in the best interest of patient's oral and overall health. Such practices can interfere with the doctor-patient relationship. The ADA believes that dental benefit programs should not substitute business decisions for treatment decisions made through a patient-doctor dialogue.