	rmation contained herein was provided by the member company whose territory relates to the statute and represents the view/practice of that member company and does not constitute legal advice. 11/3/2020 Is a Participating Dentist Limited to the Contracted Approved Fee?						
State	Age Limitation denial	No payment on procedure due to patient and/or family maximum reached or frequency denials	Service rendered on a tooth that is not eligible (Ex · sealants)	Member's plan does not include coverage for this service	Eligibility denial	Waiting Period denial	Alternate Benefit provided (Ex - composite filling submitted and an alternate benefit of an amalgam is provided)
AK	No	Yes	No	No	No	Yes	Yes
AL	Yes	Yes	No	No	No	Yes	Yes
AR	No for age limitations. Yes for time limitations	Yes	No	No	No	No	Yes
AZ	Yes	Yes	Yes	No	No	Yes	Yes
CA	Yes	Yes	No	No	No	Yes	Yes
СО	Yes	Yes	No	No	No	Yes	Yes
СТ	Yes, where the CT law (PA 11-58, Section 19) does not apply. The CT law does NOT apply to self-funded contracts or to insured coverage contracts that are incorporated in or derived from a collective bargaining agreement.		Yes, where the CT law (PA 11-58, Section 19) does not apply. The CT law does NOT apply to self-funded contracts or to insured coverage contracts that are incorporated in or derived from a collective bargaining agreement.	Yes, where the CT law (PA 11-58, Section 19) does not apply. The CT law does NOT apply to self-funded contracts or to insured coverage contracts that are incorporated in or derived from a collective bargaining agreement.	No	Yes	Yes
DC	Yes	Yes	No	No	No	Yes	Yes
DE	Yes	Yes	No	No	No	Yes	Yes
FL	Yes	Yes	No	No	No	Yes	Yes
GA	Yes	Yes	No	No	No	Yes	Yes
HI	Yes	Yes	Yes	Yes	No	Yes	No
IA	No	No	No	No	No	Yes	Yes
ID	No	Yes	No	No	No	Yes	No
IL	Yes	Yes	Yes	No	No	Yes	Only if the original submitted code is included in the group's benefit plan. If not, we do not hold
IN	Yes	Yes	Yes	Yes	No	Yes	Yes
KS	Yes	Yes	Yes	No	No	Yes	Yes
КҮ	No	Yes	No	No	No	Yes	Yes
LA	Yes	Yes	No	No	No	Yes	Yes
MA	Yes, but not for orthodontic services if it has a specific age limit	Yes	No	No	No	Yes	Yes
MD	Yes	Yes	No	No	No	Yes	Yes
ME	Yes	Yes	Yes	Yes	No	No	Yes
MI	Yes	Yes	Yes	Yes	No	Yes	Yes
MN	No	Yes	No	No	No	No	No
MO	Yes	Yes	Yes	No	No	Yes	Yes

State	Age Limitation denial	No payment on procedure due to patient and/or family maximum reached or frequency denials	Service rendered on a tooth that is not eligible (Exsealants)	Member's plan does not include coverage for this service	Eligibility denial	Waiting Period denial	Alternate Benefit provided (Ex - composite filling submitted and an alternate benefit of an amalgam is provided)
MS	Yes	Yes	No	No	No	Yes	Yes
MT	Yes	Yes	No	No	No	Yes	Yes
NC	Yes	Yes	Yes	No	No	Yes	Yes
ND	No	Yes	No	No	No	No	No
NE	No	Yes	No	No	No	No	No
NH	Yes	Yes	Yes	Yes *Eff 1/1/21 the response will be No	No	No	Yes
NJ	No	Yes	No	No	No	Yes	Yes
NM	Yes	Yes	Yes	No	No	Yes	Yes
NV	Yes	Yes	No	No	No	Yes	Yes
NY	Yes	Yes	No	No	No	Yes	Yes
ОН	Yes	Yes	Yes	Yes	No	Yes	Yes
OK	Yes	Yes	Yes	No	No	Yes	No
OR	No	Yes	If the service is not covered under the contract, then OR does not hold the dentist to the MPA/filed fee. If the service is covered and only being denied for frequency or maximum, then OR does hold the dentist to their filed fee.	No	No	Yes	Yes
PA	Yes	Yes	No	No	No	Yes	Yes
PR	No	Yes	Yes	No	No	Yes	Yes
RI	No	No, unless \$1 or more paid	No	No	No	Yes	No
SC	Yes	Yes	Yes	Yes	No	Yes	Yes
SD	Yes	Yes	Yes	No	No	Yes	Yes
TN	Yes	Yes	Yes	No	No	Yes	Yes
TX	Yes	Yes	No	No	No	Yes	Yes
UT	Yes	Yes	No	No	No	Yes	Yes
VA	No	Yes	Yes	No	No	Yes	Yes
VT	Yes	Yes	Yes	Yes	No	No	Yes
WA	Yes	Yes	Yes	No	No	Yes	Yes
WI	No	Yes	No	No	No	Yes	Yes
WV	Yes	Yes	No	No	No	Yes	Yes

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WY	Yes	Yes	Yes	No	No	Yes	No