

SMILE with CareFirst Dental

Composite Fillings or Amalgam Fillings – Which is Better?

With rare exception, all dental contracts cover composite (white) fillings on anterior (front) teeth.

The debate over which material is *better* for posterior (rear) teeth restorations has been ongoing for 40 years and still has dentists split pretty equally down the middle. The ADA (American Dental Association) continues to take a neutral position in their latest study.

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Composite fillings cost more than amalgam fillings, so many carriers exclude or limit coverage which creates a cost shift to the member. After routine care, basic restorations are the most common dental procedures.

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Understanding the contractual language defining coverage of composite fillings often requires examining the contract provisions *beyond the spreadsheet* check-off box.

Reviewing the contract definitions, exclusions, limitations and frequencies will clarify *if, when and how* posterior composite restoration materials are covered.

These are the most common variations of contract provisions regarding posterior teeth composite fillings which can vary by contract and carrier:

(typically all scenarios are subject to co-insurance, deductible and annual maximum)

1. *Composite fillings are not covered for posterior teeth.* This policy typically applies a lower cost alternative treatment (amalgam restoration) processing when calculating allowed benefit amount. This method allows in-network providers to balance bill the difference up to their submitted charge and results in the highest cost shift to the member.
2. *Composite fillings are covered for posterior teeth, but a reduced alternative benefit treatment processing is applied based on the lower cost of an amalgam filling.* This policy is often buried in the contract detail. This method typically allows the in-network provider to balance bill the difference up to their contracted reimbursement amount, then write off the balance. By defining as a covered service, the carrier can report composite fillings as a covered service on the spreadsheet. This will also limit / hold the in-network provider to their agreed upon discounted reimbursement

amount, but still balance bill the difference up to their contracted level. This methodology allows the carrier to indicate composite fillings are a covered service on a spreadsheet.

3. *Composite fillings are covered for posterior teeth, but only for single surface restorations.* A filling restoration can be up to four surfaces, the most common filling (based on our book of business) is a two surface. This policy would exclude coverage for over 60% of posterior composite restorations and heavily cost shift to the member with balance billing to submitted charge after a reduced alternative treatment processing. This methodology allows the carrier to indicate composite fillings are a covered service on a spreadsheet.
4. Composite fillings are covered for *all* posterior restorations. This method calculates allowed benefit based on the higher cost reimbursement allowance of the posterior restorations with no balance billing in-network. This methodology allows the carrier to indicate composite fillings are a covered service on a spreadsheet.

The descriptions in the second and third bullets are scenarios which are often overlooked by brokers. On the spreadsheet, the carrier is *given credit* as covering posterior composite fillings.

The method described in fourth bullet best protects the member and is the standard in all CareFirst dental contracts.

The same methodology applies to out-of-network claims, but balance bill level will vary depending on out-of-network processing.

- The *frequency* for replacement restorations can vary by carrier. The most common frequency is 24 months but sometimes up to five years which can leave a member stuck in the middle of the carrier and their provider if a filling fails after the first year (a filling that fails in the first 12 months typically has the provider in a position that they repair at no cost). *CareFirst allows replacement fillings with just a 12 month frequency*

We cannot assume because a competitor covers composite fillings on all teeth for one group, that they cover for all group contracts. This is a provision that most carriers will be flexible as needed (note - CareFirst will not modify our contract provisions relating to composite fillings on risk contracts).

Only your dentist can determine what is best restoration for your specific needs. CareFirst dental contract provisions on restorative fillings are designed to your dentist determine appropriate care for your treatment.

This [flier](#) (from the library of dental materials on our web site) provides additional information.

I am a resource for you and your CareFirst sales team member. A key assist I provide is *beyond the spreadsheet* analysis to identify key differences between carrier contracts for any group size. As part of the proposal process, feel free to ask me for plan document and network analysis using third party data tools. These tools will help you and your clients make a more informed decision.

As with all CareFirst products, dental proposals flow through the medical team.