



FEE SCHEDULE NEGOTIATION

**with In-Network Carriers
Standard Operating
Procedure**



PURPOSE:

To provide a clear and effective process for dental practice owners or administrators to request and negotiate higher reimbursement rates with in-network insurance carriers.

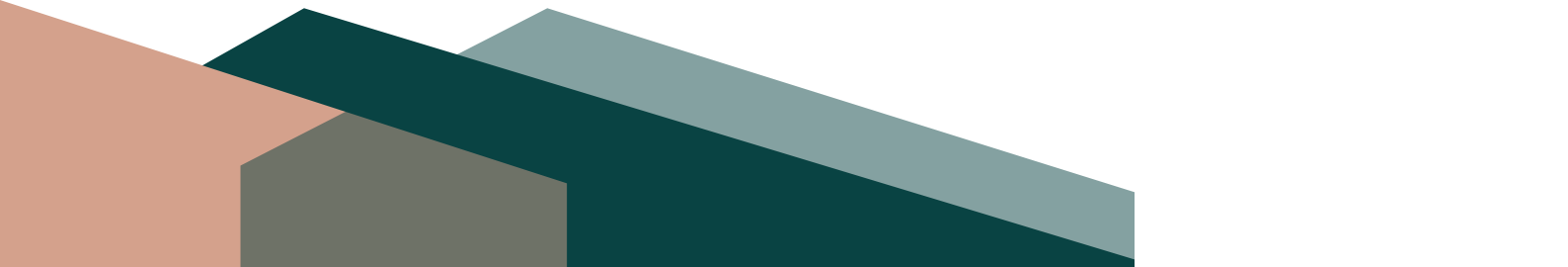


DISCLAIMER

This Standard Operation Procedure (SOP) is intended as a general guide for navigating insurance fee negotiations within a dental practice. Please be advised that insurance carriers may have different policies, procedures, and requirements depending on your geographic location, specific contract terms, and individual practice circumstances.

While some carriers are generally known not to negotiate fees, exceptions may be made under special conditions. It is essential to review your individual provider agreements and refer to the most current version of the carrier's provider manual for specific guidance, timelines, and eligibility for fee negotiations.

Affinity Management Consulting **does not** guarantee outcomes from negotiation attempts and recommends practices to conduct their due diligence or consult directly with the carrier or a qualified consultant when appropriate.





Prepare for Negotiation—typically for your own information purposes

- Obtain a copy of your current contracted fee schedule from the carrier.
- Compare the contracted fees with your current office UCR (Usual, Customary, and Reasonable) fees.
- Highlight the top 20–30 most frequently billed CDT codes and assess reimbursement gaps.

Check Carrier Guidelines:

- Review the insurance carrier's provider manual or website to understand their process for submitting fee increase requests.
- Note whether the carrier has a specific form or submission method.



Write a Formal Fee Increase Letter/Email

- Include:
 - Provider name and NPI
 - Practice Name and Tax ID
 - Request for a review of current contracted fees
 - Specific codes you are requesting higher reimbursement on
 - If multiple doctors in the practice be sure to include all doctors



Attach Supporting Documents

- Office UCR fee schedule (if requested)



Email or Fax to the Correct Department

- Use the contact information listed in the payer's provider relations or contracting department (or reach out to your local rep).
- Retain confirmation of submission for your records



Follow Up

- Contact the carrier 2 weeks after submission to confirm receipt.
- Continue to follow up every 2-3 weeks if a response is not received.

Review of the Carrier's Decision

- If approved, request a copy of the updated fee schedule and effective date.
 - If denied, ask for a reason and inquire about a timeline for reconsideration.
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Decide on the Next Steps

- If fees are not increased and the current reimbursement is significantly below your office's needs, consider the pros and cons of remaining in-network or moving to out-of-network status.

NOTE

- Carriers are more likely to consider fee increases every 18-24 months.
- Being professional, persistent and data-driven increases your chances of success.

While each carrier's willingness to negotiate may vary depending on region, market saturation, and provider demand, here's a general guide to which carriers are more likely vs less likely to negotiate fees.

Carriers that typically DO negotiate fees (especially with supporting data)

1. United Health Care (UHC)
2. Guardian
3. Sun Life (DHA) formerly Assurant
4. Principal
5. GEHA/Connection-send cdnproviderinfo@geha.com
6. Ameritas
7. Humana
8. Zelis- every 2 years
9. United Concordia
10. DHA
11. Dentemax
12. Dominion

Carriers that typically DO NOT negotiate fees:

1. Delta Dental PPO
 - a. Especially in states where Delta operates as a "Premier" and "PPO" network. Their fees are often fixed and based on statewide contracts.
2. Delta Dental Premier
 - a. No negotiation, you accept their regional fee schedules.
3. MetLife
4. Anthem
5. Blue Cross Blue Shield
6. Liberty Dental Plan
 - a. Most plans are Medicaid-based and fee schedules are set by contract.
7. Medicaid & State Sponsored Plans
 - a. Set by government contracts- not negotiable.
8. DentaQuest/MCNA/Envolve (Medicaid focused)
 - a. No negotiations allowed.