

# Quick Reference for Dental Providers

This document provides general information related to dental treatment of an injured employee. For additional information, forms, and resources visit [www.workforcesafety.com](http://www.workforcesafety.com).

## Documentation Requirements

Workforce Safety & Insurance (WSI) requires legible medical documentation accompany each dental bill. Documentation must specify the extent of the injury and the treatment provided. WSI also requests a dental provider complete the [Dentist's Report of Injury \(C31\)](#) form for each of the following:

- Initial evaluation
- Major change in the condition or treatment plan
- Discharge from care

## Prior Authorization Requirements

A dental provider must obtain prior authorization from the injured employee's claims adjuster for the following dental services:

- Restorative fillings, crowns, bridges, and veneers
- Dentures and implants – partial or impartial, fixed or removable
- All dental surgical procedures, whether performed in the office or outpatient setting, including:
  - Endodontics
  - Periodontics
  - Implants
  - Oral and Maxillofacial surgery

For other medical services such as advanced imaging, prosthetics, and durable medical equipment, a dental provider must follow WSI's prior authorization rules as outlined in the [Utilization Review Guide](#).

## Prior Authorization Requests

To submit a prior authorization request for a dental service, fax the [American Dental Association \(ADA\) Claim Form](#) and all supporting medical documentation to 888-786-8695, or call WSI at 800-777-5033.

The review for prior authorization of a dental service includes an assessment of both medical necessity and liability. The time needed to complete the review is unique to each claim. WSI will notify the provider with the approval or denial of the requested services.

## Prior Authorization Appeals

To appeal a prior authorization denial, complete the [Medical Service Dispute Resolution Request \(M2\)](#) form and fax with documentation of medical necessity to 888-786-8695.

## Dental Treatment Reimbursement

Prior to receiving reimbursement, a dental provider must complete the [Medical Provider Payee Registration](#) form.

WSI does not provide pre-treatment estimates of payment. A provider should review the [WSI Dental Fee Schedule](#) for information on the reimbursement rates for dental services. For details on WSI's pricing methodology, payment parameters, billing requirements and reimbursement procedures, a provider may review the [Dental Fee Schedule Guideline](#).

## How to Bill

A dental provider must submit a bill for dental treatment on the [ADA Claim Form](#) with applicable ICD-10 and HCPCS codes. A dental provider should mail the ADA Claim Form along with the supporting medical documentation to WSI.

Workforce Safety & Insurance  
PO Box 5585  
Bismarck, ND 58506-5585

## Bill Appeals

A dental provider may appeal a denied or reduced charge by submitting the [Medical Bill Appeal \(M6\)](#) form along with any information or documentation supporting the reason for appeal.

Mail: Workforce Safety & Insurance  
PO Box 5585  
Bismarck, ND 58506-5585

Fax: 701-328-3765 or 888-786-8695