



North Dakota Workforce
Safety & Insurance

Payment Policy

Dental

01/01/2015

1600 E Century Ave Ste 1
PO Box 5585
Bismarck ND 58506-5585
701-328-3800
800-777-5033

www.workforcesafety.com

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Disclaimer Language

The fact that a procedure or service is assigned a HCPCS code and a payment rate does not imply coverage by WSI, but indicates only how the procedure or service may be paid if covered by the program. The existence of a procedure code on this list is not a guarantee that the code is covered.

For reference purposes, the sections of the North Dakota Administrative Code that regulate medical services are **92-01-02-27 through 92-01-02-46**. The NDAC can be viewed at the North Dakota Legislative Council web site: <http://www.state.nd.us/lr/information/acdata/html/92-01.html>

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Dental Schedule

The dental fee schedule is based on CDT user's manual – Current Dental Terminology.

WSI will update the Dental Fee Schedule at least annually based on the Usual and Customary module of the comprehensive Healthcare model database at the 70th percentile for the Fargo geographical area, zip code 58101.

WSI pays the lesser of billed charges or the fee schedule amount. The WSI dental fee schedule will apply to all providers, both in state and out of state.

WSI will review procedures not listed in the fee schedule on a "By Report" basis and if accepted, will pay 85% of billed charges.

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Provider Remittance Advice

WSI processes medical service billings weekly. A remittance advice is sent to the provider with the reimbursement check, providing information to the provider about the service, including the patient's name, date of service, procedure billed, submitted amount, and paid amount. The remittance advice also includes reason codes or explanation of benefits (EOB) codes, to explain any reductions in payment of a service or denial of payment.

Some EOB codes allow the patient to be billed for the denied charges, or for the balance of reduced charges. These instances are identified by the statement "CONTACT CLAIMANT FOR PAYMENT". When these EOB codes occur, WSI also sends a "NOTICE OF NON-PAYMENT" EOB to the patient regarding the reduced or denied charges, to inform the patient of their responsibility for the charges.

If an EOB code does not state the patient may be contacted for payment, any reduction or denial of services is not billable to the patient, the employer, or another insurer.

Copies of remittance advices can be obtained by calling 1-800-777-5033. You can access the list of our EOB codes on our website in the library section.