

# Quick Reference for Dental Providers



## Are you treating a worker and have questions on the requirements?

Please read on for information on common dental treatment questions.

### Become Familiar with Workforce Safety & Insurance's (WSI) Website

The [WSI website](#) contains answers to the most common questions providers have about treating workers, including information on authorizations, billing and payments, pharmacy, and news updates.

### Documentation Requirements

WSI requires legible medical documentation be submitted with each dental bill. Documentation should provide detailed information specifying the extent of the injury and treatment provided. In addition to the medical documentation, WSI requests a dental provider complete and submit the [Dentist's Report of Injury \(C31\)](#) form following:

- The initial evaluation
- A major change in the condition or treatment plan
- Discharge from care

### Prior Authorization Requirements

A dental provider must obtain prior authorization 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

In addition to the services described above, a dental provider must follow WSI's prior authorization rules outlined in the [Utilization Review Guide](#) for other medical services such as advanced imaging, prosthetics, durable medical equipment, etc.

### Submitting a Prior Authorization Request

To submit a request for prior authorization of dental services, 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 dental procedures 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.

### Appealing a Prior Authorization Denial

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

### Reimbursement of Dental Treatment

Prior to reimbursement for treatment, a dental provider is required to register with WSI. To register, complete the [Payee Registration and Substitute W-9 form](#).

WSI does not provide pre-treatment estimates of payment. For information on reimbursement of dental procedures, refer to the [WSI Dental Fee Schedule](#). The [Dental Fee Schedule Guideline](#) provides additional information on WSI's pricing methodology, payment parameters, billing requirements, and reimbursement procedures.

### How to Bill

A dental provider must submit bills 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.

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### Bill Appeal Process

A dental provider may appeal a reduction or denial of payment for dental services by completing the [Medical Bill Appeal \(M6\)](#) form and submitting by mail or fax to 888-786-8695.