

Fee Schedule Guidelines

Dental

Notice

The WSI Fee Schedule is not a guarantee of payment. The fact that WSI assigns a procedure or service a HCPCS code and a payment rate does not imply coverage by WSI but indicates the maximum allowable payment for approved services. Services represented are subject to provisions of WSI including: compensability, claim payment logic, applicable medical policy, benefit limitations and exclusions, bundling logic, and licensing scope of practice limitations.

Any changes made to Pricing Methodology are subject to the North Dakota Public Hearing process. WSI reserves the right to implement changes to the Payment Parameters, Billing Requirements, and Reimbursement Procedures as needed. WSI incorporates all applicable changes into the relevant Fee Schedule Guideline at the time of implementation, and communicates these changes in Medical Providers News, available on the WSI website at www.workforcesafety.com/news/medical-providers. WSI reviews and updates all Fee Schedule rates on an annual basis, with additional updates made on a quarterly basis when applicable.

For reference purposes, the sections of the North Dakota Administrative Code (N.D.A.C.) that regulate medical services are **92-01-02-27 through 92-01-02-46**. The complete N.D.A.C. is accessible on the North Dakota Legislative Council [website](http://www.legis.nd.gov/agency-rules/north-dakota-administrative-code): <http://www.legis.nd.gov/agency-rules/north-dakota-administrative-code>.

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North Dakota Workforce Safety & Insurance

Dental Pricing Methodology

Dental Fee Schedule Pricing Methodology outlines the methods used by Workforce Safety and Insurance (WSI) to determine the final rates represented on the Dental Fee Schedule. The Dental Fee Schedule uses the applicable procedure codes and descriptions as defined by the Current Dental Terminology ® (CDT) user's manual. In accordance with [North Dakota Administrative Code 92-01-02-29.2](#), any provider who renders dental treatment to a claimant under the jurisdiction of WSI is reimbursed according to the rates assigned in the Dental Schedule. A provider may access the complete [Dental Fee Schedule](#) and other resources referenced within this document by visiting the Medical Provider section of the WSI website: www.workforcesafety.com.

Calculation of the Reimbursement Rate

WSI assigns the reimbursement rates for dental codes based on the Usual and Customary module of the comprehensive Healthcare model database at the 70th percentile for the Fargo geographical area using the zip code 581xx.

Annual Updates

WSI updates the reimbursement rates indicated in the Dental Fee Schedule annually.

Limitations of the Dental Fee Schedule

The payment rates listed on the Dental Fee Schedule indicate the maximum allowable payment for approved services only. The fact that a procedure or service is assigned a HCPCS code and a payment rate does not imply coverage by WSI but indicates the maximum allowable payment for approved services. The final payment rate may be impacted by the payment parameters and billing requirements enforced by WSI. A provider is encouraged to carefully review WSI's Payment Parameters, Billing Requirements, and Reimbursement Procedures to avoid unnecessary delays and denials of payment.

North Dakota Workforce Safety & Insurance

Dental Payment Parameters

Dental Payment Parameters outline the rules for payment adopted by WSI.

Advanced Beneficiary Notice (ABN) – A provider may utilize the ABN form to notify an injured employee of the costs associated with a recommended procedure that is: statutorily excluded from coverage, statutorily limited in quantity, deemed by WSI as not medically necessary to treat the work injury. To identify a charge accompanied with a signed ABN, a provider should append modifier GA to each applicable bill line. A provider should then submit the signed ABN along with the bill and medical documentation to WSI.

Authorization – WSI requires prior authorization for most dental procedures. A dental provider should refer to the [Dental Treatment](#) and [Dental Authorization](#) sections of the WSI website for additional information on dental prior authorizations requirements and procedures.

“Lesser of” Payments – The rates listed on the ASC Fee Schedule represent the maximum amount payable for services rendered. WSI pays the “lesser of” the billed charge or the Fee Schedule amount. This is done at the line level rather than the bill level.

Unlisted Codes – WSI reviews procedures not listed on the Dental Fee Schedule on a “By Report” basis and, if accepted, will pay 85% of billed charges.

North Dakota Workforce Safety & Insurance

Dental Billing Requirements

Dental Billing Requirements outline the rules for billing adopted by WSI. WSI returns or denies inappropriately submitted bills. WSI notifies providers of inappropriately submitted bills via a return letter or remittance advice. Providers must correct any returned bills prior to resubmission.

Bill Form – A provider must submit a medical bill for dental services on the standard American Dental Association (ADA) Dental Claim form.

Bill Form Submission – A provider may submit a paper bill to WSI at the following address:

Workforce Safety & Insurance
PO Box 5585
Bismarck, ND 58506

Coding – A dental provider is required to bill using only current and appropriate CDT codes for dental services.

Medical Documentation – A provider must submit medical documentation to support all billed charges. WSI's [Documentation Policies](#) are available for detailed information on documentation requirements.

Medical Necessity – A provider is required to bill using the same medical necessity guidelines used for Medicare.

National Provider Identification (NPI) – WSI requires entities who are eligible for NPI to be registered with National Plan & Provider Enumeration System. When applicable, WSI requires a provider to include the NPI at both the rendering provider and billing provider levels.

Timely Filing – A provider must submit bills to WSI within 365 days of the date of service.

North Dakota Workforce Safety & Insurance **Dental Reimbursement Procedures**

Dental Reimbursement Procedures outline how WSI communicates bill processing information and issues payment to a provider. In addition, it outlines WSI requirements for reimbursement. A provider is encouraged to follow WSI Reimbursement Procedures to prevent delays in the payment processing of medical charges submitted to WSI.

Provider Registration – Prior to reimbursement for treatment, a provider is required to register the applicable Billing NPIs with WSI by completing the [Medical Provider Payee Registration](#) form. For additional information, visit the [Provider Registration](#) section of WSI's website.

Payment Address – WSI issues payment to the Pay-to Address registered on the [Medical Provider Payee Registration](#) form, regardless of the address submitted on the bill form. To update a payment address, a provider must resubmit the registration form for each applicable Billing NPI.

Remittance Advice – WSI issues remittance advices for processed medical bills each Friday. The remittance advice includes important information about a medical charge, including: patient name, date of service, procedure billed, billed amount, paid amount, and remittance advice reason codes. A provider should refer to the [How to Read the WSI Remittance Advice](#) document for assistance with interpretation of the remittance advice. This reference includes a sample remittance advice, along with definitions for significant fields within the remittance advice. Contact customer service at 1-800-777-5033 with questions or to obtain a duplicate remittance advice.

Reason Codes – The [WSI Remittance Advice Reason Codes](#) document provides a comprehensive listing and description of the reason codes utilized by WSI. Each reason code identifies a cause for the adjudication of a medical charge and specifies whether a provider may bill a patient. When a reason code specifies a provider may bill a patient, WSI sends a "Notice of Non-Payment" letter to the patient informing them of their responsibility for the charge. In accordance with [North Dakota Administrative Code 92-01-02-45.1](#), if a reason code does not state that a provider may bill a patient, the provider cannot bill the charge for the reduced or denied service to the patient, the employer, or another insurer.

Bill Status Inquiries – Bill status information is available 24/7 via myWSI. The Provider Bill Status application permits a registered user to view bill receipt status and processing details as well as export results. For access, a practice must submit a [myWSI Portal Registration \(M14\) form](#) for each group/billing NPI. With the availability of this resource, a provider or their TPA will not need to contact WSI via phone or email to inquire on the status of a billed charge.

Overpayments – When an overpayment occurs on a medical bill, WSI will notify the provider of the overpayment in a letter. WSI allows 30 days from the date of the letter for a provider to issue the requested refund. If a provider does not issue the refund within 30 days of the date of the letter, WSI will withhold the overpayment from future payments.

Medical Services Disputes – [North Dakota Administrative Code 92-01-02-46](#) provides the procedures followed for managed care disputes. A provider who wishes to dispute a denial or reduction of a service charge must submit the [Medical Bill Appeal \(M6\)](#) form, along with supporting documentation, within 30 days of the remittance advice issue date. WSI will not address a provider dispute submitted without the M6 form.



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