

# Fee Schedule Guidelines

# Dental

For use with code range: D0120-D9999



North Dakota Workforce  
Safety & Insurance

Revised 7/2017

## 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](http://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 (NDAC) that regulate medical services are **92-01-02-27 through 92-01-02-46**. The NDAC is accessible at the North Dakota Legislative Council web site:  
<http://www.state.nd.us/lr/information/acdata/html/92-01.html>.

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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. Providers 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](http://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 70<sup>th</sup> percentile for the Fargo geographical area using the zip code 58101.

#### **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. Providers are 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 outlines the rules for payment adopted by WSI.

**Authorization-** WSI requires prior authorization for most dental procedures. Dental providers 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 presented on the Dental Fee Schedule represent the maximum WSI pays for the services provided; WSI pays the “lesser of” the billed charge or the Fee Schedule amount.

**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.

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### **Dental Billing Requirements**

Dental Billing Requirements outlines 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-** Providers must submit medical bills for dental services on the standard American Dental Association (ADA) Dental Claim form.

**Bill Form Submission-** Providers may submit paper bills to WSI at the following address:

Workforce Safety & Insurance  
PO Box 5585  
Bismarck, ND 58506

**Records-** WSI does not consider payment for medical services without verification of the services rendered; therefore, providers must submit all relevant medical records to the address listed above. WSI denies medical bills received without supporting medical documentation.

**Coding-** Providers are 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.

**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 providers to include the NPI at both the rendering provider and billing provider levels.

**Timely Filing-** Providers must submit bills to WSI within 365 days of the date of service.

## **North Dakota Workforce Safety & Insurance**

### **Dental Reimbursement Procedures**

Dental Reimbursement Procedures outlines how WSI communicates bill processing information and issues payment to medical providers. In addition, it outlines WSI's requirements for reimbursement. Providers are encouraged to familiarize themselves with WSI's Reimbursement Procedures to reduce repetition of bill processing information and delays in payment.

**Provider Registration-** Providers must register with WSI in order to receive reimbursement. Providers can register by completing and submitting a W9 form or the [Payee Registration and Substitute IRS Form W9](#).

**Payment Address-** WSI issues payment to the address as indicated on the applicable payment bill form. If WSI has not received a W9 or Payee Registration and Substitute IRS Form W9 with the address indicated on the bill form, WSI will not issue payment until WSI receives the W9 or Payee Registration and Substitute IRS Form.

**Remittance Advice-** WSI issues remittance advices for processed medical bills each week on Friday. Providers must refer to the remittance advice for bill status information. Information contained on the remittance advice includes patient name, date of service, procedure billed, submitted amount, and paid amount. The remittance advice also includes reason codes, which explain any reductions or denials of payment for a service. Providers in need of a duplicate remittance advice can request these by contacting our customer service department at 1-800-777-5033.

**Reason Codes-** Certain reason codes allow the provider to bill the patient for the denied charges, or for the balance of reduced charges. The [remittance advice reason codes](#) identify the cause for the determination and specifically state that the provider may bill the patient. When these reason codes occur, WSI also sends a "Notice of Non-Payment" letter to the patient informing them of their responsibility for the charges.

**In accordance with [North Dakota Administrative Code 92-01-02-45.1](#), if a reason code does not state that a provider may bill the patient, the provider cannot bill the charges for reduced or denied services to the patient, the employer, or another insurer.**

**Bill Status Inquiries-** WSI will not process requests for bill status inquiries of large volume or repetitive requests for the status of processed medical bills. In addition, WSI requests that the provider allow two (2) months from the date of bill submission before inquiring on bill status. This allows adequate time for WSI to process the bill and for the provider to receive the remittance advice.

**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 the 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 begin withholding the overpayment from future payments.

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



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