

Quick Reference

DENTAL PROVIDERS



This document provides general information related to dental treatment of an injured employee. A dental provider should be familiar with the following elements of care specific to working with Workforce Safety & Insurance (WSI). For additional information, forms, and resources visit www.workforcesafety.com.

Documentation Requirements

WSI requires medical documentation to accompany each dental bill. Documentation must specify the extent of the injury and the treatment provided. WSI also requires a dental provider complete the [Dentist's Report of Injury \(C31\)](#) form at every office visit to address anticipated length and type of dental treatment as well as any instructions, restrictions, and indication of maximum medical improvement. The injured employee should receive a copy of the form at every visit, as this documentation assists their employer in developing a return-to-work plan. The dental provider must complete the Dentist's Report of Injury (C31) form in addition to, not as a substitute for, medical documentation.

Prior Authorization Requests

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 [Prior Authorization Guide](#).

To request authorization, fax the [American Dental Association \(ADA\) Claim Form](#) 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 Appeal

A provider should review the Prior Authorization notification letter for information on WSI's rationale for denial of authorization.

To appeal a prior authorization denial, complete the [Binding Dispute Resolution Request](#) 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 reimbursement rates. For pricing methodology, payment parameters, billing requirements and reimbursement procedures, a provider may review the [Dental Fee Schedule Guideline](#).

800.777.5033 | workforcesafety.com/medical-providers

For over 100 years, we've cared for injured employees and promoted safe workplaces.

Quick Reference

DENTAL PROVIDERS



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 submit the ADA Claim Form along with the supporting medical documentation to WSI.

Bill Appeal

To appeal a denied or reduced charge, either submit the appeal in myWSI or submit a [Medical Bill Appeal \(M6\) form](#) along with information supporting the reason for appeal.

The myWSI online portal mywsi.workforcesafety.com is an easy, fast, and secure way for employers and medical providers to connect with WSI.

A provider can:

- Review bill status and processing information
- Obtain a remittance advice
- Submit a bill appeal
- Generate an overpayment recovery report
- Submit or appeal a prior authorization request
- Access documents regarding prior authorization, billing, or medical records
- Upload medical records
- Verify and update demographic information