

Dental Fee Schedule Questions and Answers

General Questions	
QUESTION	ANSWER
1. When was the WC Dental Fee Schedule established?	The WC Dental Fee Schedule became effective on 3/1/2009.
2. Where can I get the WC Dental Fee Schedule?	The Board can mail out a copy or fax the WC Dental Fee Schedule. The Board is unable to email the fee schedule because of electronic copyright issues. Email request for a fax copy can be sent to mcnetworks@wcb.ny.gov
3. What is the current version of the WC Dental Fee Schedule?	The current WC Dental Fee Schedule version is dated March 1, 2009.

Injured Worker Questions	
QUESTION	ANSWER
1. I need a dental provider for treatment for a work injury. Where can I find a list of dental providers in my local area?	The Board does not authorize dental providers and does not provide lists of dental providers as referrals. You can contact any dental provider in your local area to perform WC dental service. You can perform a search on the Internet or use local telephone resources. You can also contact the NY Dental Association https://nysdental.org to find a dentist.
2. My family dental provider does not want to take WC patients. Is this allowed? OR, 3. I found a dental provider to perform treatment, but the provider does not want to deal with WC. What should I do?	Yes, any dental provide can refuse to treat a WC claimant for dental services. You can find any other dental provider that is willing to perform this service and accept the WC Dental Fee Schedule.
4. I had to pay for some of the dental expenses out-of-pocket. What should I do?	You should not have to pay out-of-pocket expenses for WC medical or dental services. However, if you did pay, please contact your claims adjuster so that you can claim for these expenses.
5. I had to pay for some of the dental expenses out-of-pocket. A. The claims adjuster has not responded to my claim OR B. denied my claim for out-of-pocket expenses. What should I do?	File a RFA-1W (Request for Assistance) form. This RFA-1W form can also be filed online. Once this form has been filed, a hearing to resolve non-payment issues by a WC law judge will be scheduled.

Dental Provider Questions	
QUESTION	ANSWER
1. Can I refuse to treat a WC patient for dental services?	Yes, you can refuse to treat a WC claimant for dental services.
2. Do I need to be authorized by the WCB to provide dental treatment to WC patients?	No. Unlike physicians, chiropractors, podiatrists, ophthalmologists and psychiatrists, the Workers' Compensation Law does not require dental providers to be authorized by the Board. However, the dental provider must have a valid NYS dental license.
3. Do I need to be specialized in order provide treatment to WC patients?	No, any dental provider with any type of dental specialization can treat WC patients. The dental provider must have a valid NYS dental license.
4. I have a patient who is seeking dental treatment as a result of a motor vehicle accident, do I bill the No-Fault carrier or the WC carrier?	The dental provider should ask the patient at the first visit if their injuries sustained in a motor vehicle accident occurred while working. A. If the patient was working at the time of the accident, it should be treated as a Workers' Compensation claim. B. If the patient was not working at the time of the accident, the no-fault carrier should be billed. No-fault rules and regulations can be found at www.dfs.ny.gov No-fault cases are subject to different policy interpretations.
5. The WC dental fee for my patient's treatment is less than my usual fees. Can I charge the patient the balance between my fee and the WC dental fee?	No, if you accept a Workers' Compensation patient, you must charge the fees as indicated in the Workers' Compensation dental fee schedule.
6. Is the WC dental fee schedule the same as the No-Fault dental fee schedule?	Yes. The NYS Department of Financial Services (www.dfs.ny.gov) has adopted the Workers' Compensation dental fee schedule as its fees for all dental treatment provided to victims of motor vehicle accidents through its No-Fault program. No-fault cases are subject to different policy interpretations.
7. Do I need to request for prior authorization to the WC carrier or self-insured employer for dental treatment?	In accordance with section 13-a(5) of the Workers' Compensation Law, if the cost of the procedure(s) will exceed \$1,000 (according to the dental fee schedule) the dental provider is required to request prior authorization.
8. Can I require WC patients to pay up front for dental work before the work is performed, or bill a WC patient for services rendered?	No. The Workers' Compensation Law does not permit a dental provider to collect from, or bill, a WC patient for services rendered, unless a decision is issued by the Workers' Compensation Board indicating the injured worker failed to prosecute his or her claim, the claim is denied, the treatment is not causally related to the work injury, or a Section 32 agreement has been approved relieving the insurance carrier or self-insured employer of liability for medical expenses.

Dental Provider Questions

QUESTION	ANSWER
<p>9. In addition to the treatment due to the patient's accident at work, the patient also needs full mouth periodontal treatment and additional root canal and restorative treatment. Do I submit a claim for all the necessary dental treatment to the WC carrier or self-insured employer?</p>	<p>No. The WC carrier or self-insured employer is liable only for reimbursement for treatment necessitated by the work related accident.</p>
<p>10. How would I charge for procedures not listed on the dental fee schedule?</p>	<p>Not all dental codes are listed on the WC Dental fee schedule. Reimbursement for unlisted codes may not be payable and can be subject to the prerogative of the carrier or self-insured employer. Where possible, the provider should use similar listed codes found on the WC Dental fee schedule and bill accordingly.</p> <p>If there are no similar listed dental codes, CDT code 09999 "Unlisted Adjunctive Procedure By Report" could be utilized, where the provider should establish a fee consistent relative to the other fees listed in the dental fee schedule. All bills submitted using CDT code D9999 should be accompanied by a report providing the reasons why such procedures are necessary.</p>
<p>11. How will I be reimbursed for procedures included under "CPT" but not "CDT" codes?</p>	<p>CPT Procedures would be billed out according to the prevailing Workers' Compensation Medical Fee Schedule for the Region in which the services are performed.</p>
<p>12. What type of WC form should I use to bill for dental treatment?</p>	<p>There are no relevant WC forms for billing purposes. The dental provider can use any usual and customary dental billing forms. All relevant treatment plans should be attached with the dental billing forms.</p>
<p>13. The WC carrier insisted that I fill out the C-4 Auth form or use the C-4 form for prior authorization/billing.</p>	<p>The C-4 family of forms is not applicable for dental providers. Dental providers should use the usual and customary billing forms.</p>
<p>14. Where should I send the dental billing forms?</p>	<p>All relevant billing forms and treatment notes should be sent to the WC carrier. Copies of all documents should be:</p> <ul style="list-style-type: none"> A) Mailed to NYS Workers' Compensation Board, PO Box 5205, Binghamton, NY 13902-5205, OR, B) Faxed to 1-877-533-0337
<p>15. I do not know the patient's WC carrier. How can I get this information?</p>	<ul style="list-style-type: none"> A. Contact the patient or patient's legal representative for this information. B. Contact the WC District office and speak to a claims examiner.

Dental Provider Questions

QUESTION	ANSWER
<p>16. Can an insurance carrier or self-insured employer deny a WC dental claim?</p>	<p>A. An insurance carrier or self-insured employer can controvert a claim, claiming they are not liable for lost wage payments or medical expenses.</p> <p>OR,</p> <p>B. The insurance carrier or self-insured employer can also dispute the necessity for dental treatment or that the injuries were not related to the patient's employment.</p> <p>In both cases, a Workers' Compensation law judge will decide the dispute. In the event a dental provider renders dental treatment during the time the patient's Workers' Compensation case is controverted or disputed, the dental provider is entitled to an additional 25% reimbursement above the fees listed in the dental fee schedule.</p>
<p>17. How long must I wait for payment to be made by my patient's WC insurance carrier?</p>	<p>Claims submitted by a dental provider to the carrier or self-insured employer shall be paid within forty-five calendar days of receipt of the claim. If the bill is disputed, carrier/ self-insured employer must provide a response and can request additional information. The carrier/ self-insured employer shall have thirty days to pay the claim or provide written notice to the Board, claimant, and dental provider explaining why the claim is not being paid. Where the self-insured employer or carrier has failed to pay a claim or make reasonable request for additional information within forty-five calendar days, the self-insured employer or carrier is deemed to have waived any objection to liability for the claim and shall pay the claim.</p>
<p>18. The carrier/self-insured employer did not pay within the established time limits. Can I file a request for an administrative award with the WCB using the HP1 process?</p>	<p>No, because dental providers are not authorized by the Board, the law does not allow for this. The dental provider should contact the patient/patient's legal representative to file a RFA-1W (Request for Assistance) form with the Board. This RFA-1W form can also be filed online. Once this form has been filed, a hearing to resolve non-payment issues by a WC law judge will be scheduled.</p>
<p>19. The carrier/self-insured employer did not respond to my dental bill within the established time limits.</p> <p>20. The carrier/self-insured employer did not pay my dental bill in full.</p>	<p>The dental provider should contact the patient/patient's legal representative to file a RFA-1W (Request for Assistance) form with the Board. This RFA-1W form can also be filed online. Once this form has been filed, a hearing to resolve non-payment issues by a WC law judge will be scheduled.</p>

Insurance Carrier/Third-Party Administrator(TPA)/Self-Insured Employer Questions	
QUESTION	ANSWER
1. The dental provider submitted a bill with codes that are not listed on the WC Dental Fee Schedule.	<p>Not all dental codes are listed on the WC Dental fee schedule. Reimbursement for unlisted codes may not be payable and can be subject to the prerogative of the carrier or self-insured employer. Where possible, the provider should use similar listed codes found on the WC Dental fee schedule and bill accordingly.</p> <p>If there are no similar listed dental codes, the provider should use CDT code 09999 "Unlisted Adjunctive Procedure By Report", where the provider should establish a fee consistent in relativity with the other fees listed in the dental fee schedule. All bills submitted using CDT code D9999 should be accompanied by a report providing the reasons why such procedures are necessary.</p>
2. What type of WC form should the dental provider use to bill for treatment?	There are no relevant WC forms for billing purposes. The dental provider can use any usual and customary dental billing forms. All relevant treatment plans should also be attached with the dental billing forms.
3. The dental provider did not submit a C-4 Auth form for prior authorization.	The C-4 Auth forms are not relevant for dental providers. There are no relevant WC forms for prior authorization purposes. Provider should submit all treatment notes and documentation to request for prior authorization. Provider can use usual and customary dental forms.
4. I would like to object to the dental bill. What should I do?	File C8.1 Part B -NOTICE OF OBJECTION TO PAYMENT OF A BILL FOR TREATMENT PROVIDED.