

## **Workers' Compensation Q & A**

***Q. Do dental providers have to be authorized by the Workers' Compensation Board to provide treatment to Workers' Compensation patients?***

A. No. Unlike physicians, chiropractors, podiatrists, ophthalmologists and psychiatrists, the Workers' Compensation Law does not require dental providers to be authorized by the Board.

***Q. In the event a patient is seeking dental treatment as a result of a motor vehicle accident, do I bill the No-Fault carrier or the Workers' Compensation carrier?***

A. The dental provider should ask the patient at the first visit if their injuries sustained in a motor vehicle accident occurred while working. If the patient was working at the time of the accident, it should be treated as a Workers' Compensation claim.

***Q. The NYS Workers' Compensation fee for my patient's treatment is less than my usual fees. Can I charge the patient the balance between my fee and the Workers' Compensation fee?***

A. No, if you accept a Workers' Compensation patient, you must charge the fees as indicated in the Workers' Compensation dental fee schedule.

***Q. Is the Workers' Compensation dental fee schedule the same as the No-Fault dental fee schedule?***

A. Yes. The NYS Department of Financial Services 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 may be subject to differing interpretations. For information regarding No-Fault insurance, contact the NYS Department of Financial Services at [www.dfs.ny.gov](http://www.dfs.ny.gov).

***Q. Must a request for prior authorization be made to the Workers' Compensation carrier or self-insured employer?***

A. 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.

***Q. Can I require Workers' Compensation patients to pay up front for dental work before the work is performed, or bill a Workers' Compensation patient for services rendered?***

A. No. The Workers' Compensation Law does not permit a dental provider to collect from, or bill, a Workers' Compensation 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.

***Q. In addition to restorative treatment necessitated by the patient's accident at work, the patient 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 Workers' Compensation carrier or self-insured employer?***

A. No. The Workers' Compensation carrier or self-insured employer is liable only for reimbursement for treatment necessitated by the work related accident.

***Q. How do dental providers charge for procedures not listed on the dental fee schedule?***

A. CDT code D9999 "Unlisted Adjunctive Procedure By Report" should be utilized, and 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 procedure is necessary.

***Q. Can an insurance carrier or self-insured employer deny a Workers' Compensation claim?***

A. An insurance carrier or self-insured employer can controvert a claim, claiming they are not liable for lost wage payments or medical expenses. 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. 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.

***Q. How long must I wait for payment to be made by my patient's Workers' Compensation insurance carrier?***

A. 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. Where the liability of the self-insured employer or carrier for the claim has not been established, or the treatment or procedure is not for a causally related condition, the self-insured employer or carrier shall pay any undisputed amount of the bill and notify the Board, the injured worker and dental provider in writing within forty-five calendar days of receipt of the claim that the claim is not being paid and the reason for non-payment of the claim; or to request additional information needed to reasonably determine the self-insured employer's or carrier's liability for the claim or whether the dental treatment or procedure is causally related to the injury. Upon receipt of the information reasonably requested, the self-insured employer or carrier 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.

***Q. In the event a dental provider is not paid within the established time limits by the liable insurance carrier or self-insured employer, can the dental provider file a request for an administrative award with the Workers' Compensation Board?***

A. No. Because dental providers are not authorized by the Board, the law does not allow for this. The dental provider may petition the Workers' Compensation patient to request a hearing to potentially have a law judge rule on the non-payment issue. The patient can file a "Request for Assistance" - RFA-1W form. The RFA-1W form can be found at <https://www.wcb.ny.gov/content/main/forms/rfa-1w.pdf>

***Q. How can I obtain a copy of the Workers' Compensation dental fee schedule?***

A. You may obtain a copy of the dental fee schedule by contacting Jacquie Donnelly at NYSDA via email at [jdonnelly@nysdental.org](mailto:jdonnelly@nysdental.org), or by phone, 800-255-2100 ext. 250.

***Q. Who do I contact if I have a question regarding the Workers' Compensation dental fee schedule?***

A. You should contact the New York State Workers' Compensation Board at 800-781-2362 or email [MCNetworks@wcb.ny.gov](mailto:MCNetworks@wcb.ny.gov).