

**Payment Policies for Healthcare Services  
Provided to Injured Workers and Crime Victims**

# **Chapter 8: Dental Services**

**Effective July 1, 2023**



**Link:** Look for possible [updates and corrections](#) to these payment policies on L&I's website.



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## Payment policy: All dental services

### Prior authorization

Contact the following for procedures requiring prior authorization:

- L&I claim manager for state workers' compensation claims and Crime Victims Compensation (CVC) claims, *or*
- Self-insured employer or their third party administrator.

Only claim managers can authorize dental services for State Fund workers' compensation claims and CVC claims.

For self-insured workers' compensation claims, contact the insurer directly for prior authorization procedure details.



**Link:** A list of [self-insured employers' contact information](#) is available online.

### Prior authorization review of treatment plan

Dental services requiring prior authorization require a treatment plan. Before authorization can be granted, the treatment plan and/or alternative treatment plan must be completed and submitted. If other providers are performing services, it will also be necessary for them to submit treatment plans. A 6-point per tooth periodontal chart and/or X-rays may be requested.

The claim manager will review the treatment plan and the relation to the industrial injury and make a final determination for all services relating to:

- Restorative,
- Endodontic,
- Prosthodontic,
- Prosthetic,
- Implant,
- Orthodontics,
- Surgery, *and*
- Anesthesia procedures.

In cases presenting complication, controversy or diagnostic/therapeutic problems, the claim manager may request consultation by another dentist to support authorization for procedures.

## Who must perform these services to qualify for payment

Dental providers licensed in the state in which they practice may be paid for performing dental services, including:

- Dentists,
- Oral and Maxillofacial surgeons,
- Orthodontists,
- Endodontists
- Periodontists
- Pediatric Dentists
- Prosthodontists
- Denturists,
- Hospitals, *and*
- Dental clinics.

Dental providers **must be enrolled in the provider network** to treat injured workers beyond the initial visit. The initial visit is the first visit to a healthcare provider during which the Report of Industrial Injury or Occupational Disease is completed and the worker files a claim for workers compensation. See information about the Medical Provider Network in [Chapter 2: Information for All Providers](#) - Becoming a provider. Network requirements do not apply to Crime Victim services.



**Links:** You can find more information about dental services in [WAC 296-20-110](#), [WAC 296-23-160](#), and [WAC 296-20-015](#), and about becoming an L&I provider at [Becoming an L&I Provider](#).

## Services that aren't covered

### Pre-existing conditions

Pre-existing conditions aren't payable unless medically justified as related to the injury. Preauthorization is required for treatment.

### Underlying conditions

Any dental work needed due to underlying conditions unrelated to the industrial injury is the responsibility of the worker. It is the responsibility of the dentist to advise the worker accordingly. Please advise the worker if there are underlying conditions that won't be covered.

## Periodontal disease

Periodontal disease is an underlying condition that isn't covered because it isn't related to industrial injuries.



**Link:** For more information, see [WAC 296-20-110](#).

## Requirements for billing

Bills must be submitted within 1 year from the date the service is rendered. See the [HCPCS fee schedule](#) for dental billing codes.



**Link:** For more information, see [WAC 296-20-125](#).

All workers' compensation dental claims should be billed using the ADA American Dental Association Dental Claim form (© [2019 American Dental Association J430D](#)), or L&I's Statement for Miscellaneous Services form ([F245-072-000](#)).

For Crime Victims Compensation (CVC) claims, dentists should use the ADA American Dental Association Dental Claim form (© [2019 American Dental Association J430D](#)), or CVC's Statement for Crime Victims Miscellaneous Services form ([F800-076-000](#)).

Failure to use the most recent billing form may delay payment.

Complete the billing form itemizing the service rendered, including the:

- Full billing code, including the letter D if using a Current Dental Terminology (CDT®) code,
- Materials used, *and*
- Injured tooth number(s).



**Note:** When using Current Dental Terminology (CDT®) codes, please include the D in front of the code billed to avoid delays in claim/bill processing.

## Treatment plan requirements

Before authorization can be granted, the treatment plan and/or alternative treatment plan must be completed and submitted. If other providers are performing services, it will also be necessary for them to submit treatment plans. A 6-point per tooth periodontal chart and/or X-rays may be requested.

The dentist should outline the extent of the dental injury and the treatment plan. To **obtain authorization** for a treatment plan, all of the following are **required**:

- Causal relationship of injury to condition of the mouth and teeth,
- Extent of injury,
- Alternate treatment plan,
- Time frame for completion, *and*
- Medical history and risk level for success.

Please include:

- Procedure code,
- Tooth number,
- Tooth surface, *and*
- Charge amount.

To avoid delays in treatment, please **exclude** information regarding treatment that isn't directly related to the injury. The ADA American Dental Association Dental Claim form (© [2019 American Dental Association J430](#)) may be attached to treatment plan. Select Request for Predetermination/Preauthorization in section 1 of the ADA form.

In addition, to **avoid delays in authorization** of treatment, include the following in your plan:

- Worker's full name,
- Claim number,
- Provider name, address and telephone number, *and*
- State the condition of the mouth and involved teeth including:
  - Missing teeth, existing caries and restorations, *and*
  - Condition of involved teeth prior to the injury (caries, periodontal status).



**Link:** For more information, see [WAC 296-20-110](#).

## Where to submit a treatment plan

**State Fund** treatment plans (not billing info) may be:

- Faxed to **360-902-4567**, or
- Mailed to:  
Department of Labor & Industries  
PO Box 44291  
Olympia, Washington 98504-4291

**Crime Victims Compensation (CVC)** treatment plans (not billing info) may be:

- Faxed to **360-902-5333**, or
- Mailed to:  
Department of Labor & Industries  
Crime Victims Compensation Program  
PO Box 44520  
Olympia, Washington 98504-4520

Mail **self-insured** treatment plans to the [Self-insured employer \(SIE\) or third party administrator \(TPA\)](#).

## Documentation and recordkeeping requirements

### Acceptance of a claim

If you are the first provider seen by the injured worker and you diagnose a worker for an occupational injury or disease associated with a dental condition, you are responsible for reporting this to the insurer. To initiate the State Fund claim or CVC claim for your patient, send L&I a **Report of Industrial Injury or Occupational Disease** form ([F242-130-000](#)) (also known as Accident Report or Report Of Accident (ROA) Workplace Injury, Or Occupational Disease).



**Links:** You can order copies of the **Report Of Accident (ROA) Workplace Injury, Accident or Occupational Disease** ([F242-130-000](#)) or by calling **1-800-LISTENS** or **1-360-902-4300**.

To request a supply of the **Provider's Initial Report (PIR)** form used for workers of self-insured employers ([F207-028-000](#)), or call **1-360-902-6898**.

### Chart notes

You must submit legible chart notes and reports for all of your services. This documentation must verify the level, type and extent of service. Legible copies of office notes are required for all initial and follow up visits.



**Links:** For more information, see [WAC 296-20-010](#) and [WAC 296-20-06101](#).

### Attending provider

If dental treatment is the only treatment the injured worker requires and you are directing the care, you will be the attending provider (AP).

Your responsibility as the AP includes documenting employment issues in the injured worker's chart notes, including:

- A record of the worker's physical and medical ability to work,
- Information regarding any rehabilitation that the worker may need to undergo,
- Restrictions to recovery,
- Any temporary or permanent physical limitations, *and*
- Any unrelated condition(s) that may delay recovery must also be documented.

For ongoing treatment, use the **SOAP-ER** (Subjective, Objective, Assessment, Plan and progress, Employment issues, Restrictions to recovery) format.



**Link:** Information on the charting format can be found in [Chapter 2: Information for All Providers](#).

### Additional information: L&I's periodic review of dental services

L&I or its designee may perform periodic independent evaluations of dental services provided to workers. Evaluations may include, but aren't limited to, review of the injured worker's dental records.



## Links to related topics

If you're looking for more information about...	Then see...
<b>Administrative rules</b> Medical Aid	<a href="#">Washington Administrative Code (WAC) 296-20-110</a> <a href="#">WAC 296-20-015</a> <a href="#">WAC 296-20-125</a> <a href="#">WAC 296-20-06101</a>
<b>Administrative rules</b> dental services, general information and instructions	<a href="#">WAC 296-23-160</a>
<b>Becoming an L&amp;I provider</b>	<a href="#">Become A Provider on L&amp;I's website</a>
<b>Billing</b> instructions and forms	<a href="#">Chapter 2: Information for All Providers</a>
<b>Charting format (SOAP-ER)</b> instructions	<a href="#">Chapter 2: Information for All Providers</a>
<b>Fee schedules</b> for all healthcare professional services (including dental)	<a href="#">Fee schedules on L&amp;I's website</a>
Payment policies for <b>diagnostic X-ray services</b>	<a href="#">Chapter 26: Radiology Services</a>
<b>Provider's Initial Report (PIR)</b> form for all State Fund and crime victims claims	<a href="#">F207-028-000</a>
<b>Report Of Accident (ROA)</b> Workplace Injury, Accident or Occupational Disease form for all State Fund and crime victims claims	<a href="#">F242-130-000</a>
<b>Statement for Crime Victims Miscellaneous Services</b> form for all crime victims claims	<a href="#">F800-076-000</a>
<b>Statement for Miscellaneous Services</b> form for all worker's compensation claims	<a href="#">F245-072-000</a>

### Need more help?

Call L&I's Provider Hotline at **1-800-848-0811** or email [PHL@lni.wa.gov](mailto:PHL@lni.wa.gov)