

Chapter 6: Dental

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

Effective July 1, 2025



How to navigate this document

Use the keyboard command **CTRL+F** on Windows (**Command+F** on Mac) to search for specific topics. If you can't find what you're looking for, try different keywords or combinations of words.

The Table of Contents lists each policy. To jump to a policy, click on the page number.



Links to appendices

For definitions of terms used throughout these payment policies, see [Appendix A: Definitions](#).

For explanations of modifiers referenced throughout these payment policies, see [Appendix B: Modifiers](#).

For information about place of service codes, see [Appendix C: Place of Service \(POS\)](#).

Updates and corrections

An annual update of the entire payment policies and fee schedules (MARFS) is published routinely to coincide with the beginning of each state fiscal year (July 1).

Throughout the year, updates and corrections may be needed to modify existing policies and fees or create new ones. Updated and corrected information supersedes the policies in MARFS. Look for possible [updates and corrections](#) to these payment policies and fee schedules on L&I's website.



Table of Contents

Page

All dental services6-4

Links to related topics6-10



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 Accident is completed and the worker files a claim for workers compensation. For more information about the Health Care Provider Network, see the Becoming a provider policy in [Chapter 2: Information for All Providers](#). 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. Prior authorization 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 (© [2024 American Dental Association J43024](#)), 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 (© [2024 American Dental Association J43024](#)), 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 (© [2024 American Dental Association J43024](#)) 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 a claim for your worker, send the following form to the correct insurer:

- **L&I claim:** send a **Report of Accident** form ([F242-130-000](#)) (also known as Accident Report or Report Of Accident (ROA) Workplace Injury, Or Occupational Disease). For more information on ROA requirements, see [Chapter 3: Attending Providers](#).
- **Crime Victim claim:** send an Application for Benefits - Injury Claims form ([F800-042-000](#)). Fax or mail to the address on the form.
- **Self-insured Employer:** send a **Provider's Initial Report** form ([F207-028-000](#)) to the self-insured employer.



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.

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



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



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)**. Regardless of if dental treatment is the only treatment required, dentists are subject to the **AP** payment policy. For more information on responsibilities, requirements, and AP-specific services, see [Chapter 3: Attending Providers](#). Additional information: L&I's periodic review of dental services



Note: 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...
Administrative rules Medical Aid	Washington Administrative Code (WAC) 296-20-110 WAC 296-20-015 WAC 296-20-125 WAC 296-20-06101
Administrative rules dental services, general information and instructions	WAC 296-23-160
Attending providers	Chapter 3: Attending Providers
Becoming an L&I provider	Become A Provider on L&I's website
Billing instructions and forms	Chapter 2: Information for All Providers
Charting format (SOAP-ER) instructions	Chapter 2: Information for All Providers
Crime Victim - Application for Benefits - Injury Claims form	F800-042-000
Fee schedules for all healthcare professional services (including dental)	Fee schedules on L&I's website
Payment policies for diagnostic X-ray services	Chapter 8: Electrodiagnostics and Radiology
Provider's Initial Report (PIR) form for all State Fund and crime victims claims	F207-028-000
Report Of Accident (ROA) Workplace Injury, Accident or Occupational Disease form for all State Fund claims	F242-130-000
Statement for Crime Victims Miscellaneous Services form for all crime victims claims	F800-076-000

If you're looking for more information about...	Then see...
Statement for Miscellaneous Services form for all worker's compensation claims	F245-072-000

Need more help?

Contact Provider Hotline with billing and authorization questions by emailing PHL@Lni.wa.gov or calling **1-800-848-0811** between 8 am and 12 pm PT Monday through Friday.